Lampiran 1

LAMPIRAN

NY R UMUR 23 TAHUN G1P0 A0 HAMIL UK 39^{+2} MINGGU DENGAN KEHAMILAN NORMAL

No register : 015926

PengkajianTanggal, Jam : 09 Maret 2026, pukul 09.00 WIB

Di : Puskesmas Jetis Kotaa

Biodata		Ibu	Suami
Nama	:	Ny. R	TN. A
Umur	:	23 Tahun	23 Tahun
Agama	:	Islam	Islam
Suku/ Bangsa	:	Jawa/Indonesia	Jawa/Indonesia
Pendidikan	:	SMK	SMK
Pekerjaan	:	IRT	Buruh
Alamat	:	Bumijo	Bumijo
No.Telp/Hp	:	0882xxxx	-

A. DATA SUBYEKTIF

1. Keluhan utama

   , ibu mengatakan bagian belakang pinggang nyeri, sering kencing dan perut bawah terasa nyeri..

2. Riwayat perkawinan

   Kawin 1 kali. Kawin pertama umur 22 tahun. Dengan suami sekarang sudah 1 tahun. Status pernikahan sah

3. Riwayat Kehamilan ini

   HPHT: 06-07-2026, HPL: 13-04-2026
4. Status Imunisasi TT: T5 (2025)
5. Riwayat kehamilan, Persalinan dan nifas yang lalu:

   Ini adalah kehamila pertama
6. Riwayar Keluarga Berencana

   Ibu mengatakan belum penah menggunakan KB
7. Penyakit sistemik yang pernah/ sedang di derita

   Ibu mengatakan tidak memiliki Riwayat penyakit menular, menahun maupun menurun dan tidak memiliki keturunan kembar.
8. Penyakit yang pernah/sedang diderita keluarga

   Tidak ada
9. Pola Makan, istirahat dan Eliminasi

   Pola Makan: 3-4 kali sehari jenis lauk, sayur dan kurang makan buah dan tidak meiliki alergi makanan

   Pola istirahat: istirahat cukup sehari- hari melakukan aktifitas rumah tangga

   BAB: ibu mengatakan susah BAB kadang 2 hari sekali

   BAK: ibu mengatakan BAK sering, warnanya kuning jernih
10. Keadaan Psikossosialspiritual

    Ibu mengatakan kehamilan ini sangat didukung oleh suami dan keluarga.

B. DATA OBYEKTIF

1. Pemeriksaan Fisik
   a. Keadaan umum : Baik Kesadaran Composmentis
   b. Status Emosional : Stabil
   c. Tanda vital

      Tekanan Darah : / mmhg

      Nadi : x/menit

Pernafasan : 20 x/menit

Suhu : °C

d. BB/ TB saat ini : kg/ cm

BB sebelum hamil :

IMT :

e. Kepala Leher

Edema wajah : Tidak ada

Mata : Konjungtiva merah muda, sklera putih,

Leher : Tidak ada pembesaran limfe, tiroid dan vena jugularis

Payudara : Simetris, tidak ada benjolan / massa,areola hitam, putting susu menonjol, ada pengeluaran ASI.

f. Abdomen : Pembesaran tampak memanjang, terdapat striae Gravidarum

L1: TFU 3 jari di bawah px, bokong di fundus

L2: puki, letak memanjang

L3: preskep

L4: bagian terbawah kepala sudah masuk panggul

DJJ:

g. Ekstremitas : Tangan tidak ada edema,

Kaki tidak ada edema,

2. Pemeriksaan penunjang

Hb : 13,1 gr/dl (P: 12.0-15.0)

Protein : Negative

C. ANALISIS

Ny R Umur 23 Tahun G1P0A0 hamil UK 39^{+2} minggu normal, janin tunggal hidup intrauterine, letak memanjang, puki, preskep membutuhkan asuhan trimester III

D. PENATALAKSANAAN

1. Menyampaikan hasil pemeriksaan bahwa ibu dan janin dalam keadaan baik. Ibu mengerti.
2. Motivasi ibu untuk tetap penuhi kebutuhan nutrisi makan dan minum dengan gizi seimbang. Ibu bersedia, ibu sudah makan teratur.
3. Motivasi ibu untuk kelola stress, istirahat cukup dan jaga kesehatan selama kehamilan. Ibu bersedia, ibu mengatakan saat ini sehat.
4. Memberikan KIE ibu untuk pantau gerak janin. Ibu bersedia.
5. Memberikan KIE ketidaknyamanan kehamilan trimester III dan tanda bahaya kehamilan. Ibu merespon dengan baik.
6. Memberikan dukungan pada ibu untuk tetap tenang dan nyaman selama kehamilan. Ibu merespon dengan baik, ibu mengatakan juga mendapat dukungan dari suami dan keluarga.
7. Menyampaikan pada ibu persiapan dan tanda- tanda persalinan.

Pembimbing Akademik,	Pembimbing Lahan,	Mahasiswa Praktikan,
Nuriana Kartikasari, S.ST, MPH	Rini Hikmasari, S.Tr.Keb,	Dewi Sartika
NIP: 198704082010122005	NIP. 198503022009022004	

CATATAN KEHAMILAN

Tanggal	Data Subyektif	Data Objektif	Analisa	Penatalaksanan	
				Jam	Kegiatan
09-03-2026 (Kunjungan di rumah Ny R)	Ibu mengatakan nyeri dibagian belakang, sering kencing, susah BAB dan gatal- gatal pada badannya. riwayat menstruasi teratur	KU : baik Kesadaran : compos mentis TD : 116/83 mmHg N : 78 x/menit Mata: sklera putih, konjungtiva merah muda. Ekstremitas Gerak bebas, tidak ada odema	Ny.R Umue 23 tahun G1 P0 A0 UK 35^{+1} minggu Janin tunggal intrauterin, hidup, letak memanjang, Puki, presentasi kepala membutuhkan asuhan trimester III	13.00 WIB	1. Menyampaikan hasil pemeriksaan bahwa ibu dan janin dalam keadaan baik. Ibu mengerti. 2. Motivasi ibu untuk tetap penuhi kebutuhan nutrisi makan dan minum dengan gizi seimbang. Ibu bersedia, ibu sudah makan teratur. 3. Motivasi ibu untuk kelola stress, istirahat cukup dan jaga kesehatan selama kehamilan. Ibu bersedia, ibu mengatakan saat ini sehat. 4. Memberikan KIE ibu untuk pantau gerak janin. Ibu bersedia. 5. Memberikan KIE ketidaknyamanan kehamilan trimester III dan tanda bahaya kehamilan. Ibu merespon dengan baik. 6. Memberikan dukungan pada ibu untuk tetap tenang dan nyaman selama kehamilan. Ibu merespon dengan baik, ibu mengatakan juga mendapat dukungan dari suami dan keluarga. 7. Menyampaikan pada ibu untuk minum vitamin teratur kalsium 1x1 dan tablet Fe 1x1. Ibu bersedia.

07-04-2026 (Kunjungan di Puskesmas Jetis)	ibu mengatakan bagian belakang pinggang nyeri, sering kencing dan perut bawah terasa nyeri.	KU : baik Kesadaran : compos mentis BB: 78 kg TD : 117/68 mmHg N : 77x/menit Mata: sklera putih, konjungtiva merah muda. Ekstremitas Gerak bebas, tidak ada odema. Abdomen: pembesaran tampak memanjang, puki, preskep, kepala sudah masuk panggul, DJJ 148x/menit , TFU: 34 cm , TBJ 3410 gram, Ekstremitas Gerak bebas, tidak ada odema	Ny.R Umue 23 tahun G1 P0 A0 UK 39^{+2} minggu Janin tunggal intrauterin, hidup, letak memanjang, Puki, presentasi kepala membutuhkan asuhan trimester III	09.00 WIB	1. Menyampaikan hasil pemeriksaan bahwa ibu dan janin dalam keadaan baik. Ibu mengerti. 2. Motivasi ibu untuk tetap penuhi kebutuhan nutrisi makan dan minum dengan gizi seimbang. Ibu bersedia, ibu sudah makan teratur. 3. Motivasi ibu untuk kelola stress, istirahat cukup dan jaga kesehatan selama kehamilan. Ibu bersedia, ibu mengatakan saat ini sehat. 4. Memberikan KIE ibu untuk pantau gerak janin. Ibu bersedia. 5. Memberikan KIE ketidaknyamanan kehamilan trimester III dan tanda bahaya kehamilan. Ibu merespon dengan baik. 6. Memberikan dukungan pada ibu untuk tetap tenang dan nyaman selama kehamilan. Ibu merespon dengan baik, ibu mengatakan juga mendapat dukungan dari suami dan keluarga. 7. Menyampaikan pada ibu pada ibu persiapan dan tanda- tanda persalinan

CATATAN PERKEMBANGAN KALA I-IV

Tanggal	Data Subyektif	Data Objektif	Analisa	Penatalaksanan	
				Jam	Kegiatan
10-04-2026	Ibu datang dengan keluhan perut kencang-kencang tambah sakit, ada lendir darah yang keluar. Ibu mengatakan perutnya kencang kencang sejak tadi pagi jam 5 beserta lendir darah	KU : baik Kesadaran : compos mentis TD : 126/78 mmHg N : 77 x/menit Mata: sklera putih, konjungtiva merah muda. Ekstremitas Gerak bebas, tidak ada odema. Abdomen: pembesaran tampak memanjang, puki, preskep, kepala sudah masuk panggul, DJJ 133x/menit , TFU: 34 cm , TBJ 3410 gram, VT: pembukaan 1 cm, preskep, selaput ketuban (+), air ketuban (-), STLD +, Hodge II. His1x/10'/15"	Ny.R Umur 23 tahun G1 P0 A0 UK 39^{+5} minggu Janin tunggal intrauterin, hidup, letak memanjang, Puki, presentasi kepala inpartu kala I fase laten	10.50WIB	1. Menyampaikan hasil pemeriksaan bahwa ibu dan janin dalam keadaan baik. Ibu mengerti. 2. Menganjurkan ibu untuk berjalan- jalan dan istirahat jika merasa Lelah 3. Menganjurkan ibu cukup makan dan minum. Memberikan KIE manajemen nyeri persalinan 4. Memberikan KIE kemajuan persalinan dan dukungan psikologis baik.

10-04-2026	ibu mengatakan kencang-kencang bertambah	KU : baik Kesadaran : compos mentis TD : 117/88 mmHg N : 82x/menit VT: pembukaan 2 cm, preskep, selaput ketuban (+), air ketuban (-), STLD +, Hodge II. His 2x/10'/15"	Ny.R Umur 23 tahun G1 P0 A0 UK 39^{+5} Minggu Janin tunggal intrauterin, hidup, letak memanjang, Puki, presentasi kepala inpartu kala 1 fase laten	15.00. WIB	1. Menyampaikan hasil pemeriksaan bahwa ibu dan janin dalam keadaan baik. Ibu mengerti. 2. Menganjurkan ibu untuk berjalan- jalan dan istirahat jika merasa lelah 3. Menganjurkan ibu cukup makan dan minum. 4. Memberikan KIE manajemen nyeri persalinan 5. Memberikan KIE kemajuan persalinan dan dukungan psikologis baik.
10-04-2026	ibu mengatakan kencang-kencang bertambah	KU : baik Kesadaran : compos mentis TD : 128/84 mmHg N : 88x/menit VT: pembukaan 3 cm, preskep, selaput ketuban (+), air ketuban (-), STLD +, Hodge II. His 2x/10'/25"	Ny.R Umur 23 tahun G1 P0 A0 UK 39^{+5} Minggu Janin tunggal intrauterin, hidup, letak memanjang, Puki, presentasi kepala inpartu kala 1 fase laten	20.00. WIB	1. Menyampaikan hasil pemeriksaan bahwa ibu dan janin dalam keadaan baik. Ibu mengerti. 2. Menganjurkan ibu untuk berjalan- jalan dan istirahat jika merasa lelah 3. Menganjurkan ibu cukup makan dan minum. 4. Memberikan KIE manajemen nyeri persalinan 5. Memberikan KIE kemajuan persalinan dan dukungan psikologis baik.
10-04-2026	ibu mengatakan kencang-	KU : baik Kesadaran : compos mentis TD : 117/88 mmHg N : 82x/menit	Ny.R Umur 23 tahun G1 P0 A0 UK 39^{+5}	00.00. WIB	1. Menyampaikan hasil pemeriksaan bahwa ibu dan janin dalam keadaan baik. Ibu mengerti. 2. Menganjurkan ibu untuk berjalan- jalan dan istirahat jika

	kencang bertambah	VT: pembukaan 6 cm, preskep, selaput ketuban (+), air ketuban (-), STLD +, Hodge II. His 4x/10'/40"	Minggu Janin tunggal intrauterin, hidup, letak memanjang, Puki, presentasi kepala inpartu kala 1 fase aktif		merasa lelah 3. Menganjurkan ibu cukup makan dan minum. 4. Memberikan KIE manajemen nyeri persalinan 5. Memberikan KIE kemajuan persalinan dan dukungan psikologis baik. 6. Mengajurkan ibu untuk berkemih jika rasa ingin BAK
11-04-2026	ibu mengatakan ketuban pecah spontan	VT: pembukaan 8 cm, preskep, selaput ketuban (-), air ketuban (+), STLD +, Hodge II. His 5x/10'/45"	Ny.R Umur 23 tahun G1 P0 A0 UK 39^{+6} Minggu Janin tunggal intrauterin, hidup, letak memanjang, Puki, presentasi kepala inpartu kala 1 fase aktif	02.00. WIB	1. Menyampaikan hasil pemeriksaan bahwa ibu dan janin dalam keadaan baik. Ibu mengerti. 2. Menganjurkan ibu untuk miring ke kiri 3. Menganjurkan ibu cukup makan dan minum. 4. Memberikan KIE manajemen nyeri persalinan 5. Memberikan KIE kemajuan persalinan dan dukungan psikologis baik. 6. Mengajurkan ibu untuk berkemih jika rasa ingin BAK
11-04-2026	Ibu mengatakan tidak tahan ingin mengejan	KU : baik Kesadaran : compos mentis DJJ : 148 x/menit HIS : 5x/10'/45" Terdapat tanda tanda persalinan : 1. Dorongan meneran 2. Anus membuka	Inpartu kala II	03.00 WIB	1. Membantu asistensi persalinan. a. Memberitahu Ibu bahwa ibu sudah pembukaan lengkap. b. Memantau KU, DJJ dan memastikan kelengkapan alat (partus set, oksitosin) serta resusitasi. c. Mengatur posisi ibu dengan posisi dorsal recumben senyaman mungkin. d. Memakai APD kemudian mencuci tangan.

		3. Perineum menonjol 4. Vulva membuka PD : VU tenang, vagina licin, portio tidak teraba, pembukaan 10 cm, selaput ketuban negatif (-), presentasi kepala, UUK jam 12, hodge IV, tidak ada molase, STLD positif (+), air ketuban positif (+).			e. Memasang alas bokong/ underpad. Selanjutnya memakai sarung tangan steril. f. Setelah kepala bayi nampak 5-6 cm didepan vulva, pimpin ibu untuk mengejan degan mata terbuka, dagu menempel dada. g. Tangan kanan menahan perineum. Tangan kiri manahan kepala bayi agar tidak terjadi defleksi maksimal. Melahirkan kepala. h. Mengecek lilitan tali pusat. Hasil tidak terdapat lilitan. i. Menunggu kepala bayi melakukan putar paksi luar, meletakkan tangan biparietal pada kepala bayi. Menarik bayi kebawah untuk melahirkan bahu depan, kemudian keatas untuk melahirkan bahu belakang. j. Melakukan sangga susur dan melahirkan seluruh badan bayi. k. Meletakkan bayi diatas perut ibu, mengeringkan bayi kecuali telapak tangan dan jepit potong tali pusat sebelum melakukan IMD. l. Menjepit tali pusat dengan klem 2-3 cm dari pusat kemudian pasang klem kedua ± 2 cm dari klem pertama, potong tali pusat lalu ikat tali pusat. 2. Meminta rekan bidan untuk melakukan penilaian awal pada bayi baru lahir Evaluasi : bayi lahir spontan pukul 04.00 WIB, berjenis kelamin laki laki, denyut jantung 132 x/menit, didapat hasil bayi menangis, tonus otot kuat dan kulit kemerahan ekstermitas biru. APGAR 1'/5'/10': 8/10/10 3. Memberitahu ibu bahwa bayinya sudah lahir dengan sehat dan menyampaikan hasil APGAR dalam kategori baik Evaluasi : ibu merasa lega bayinya sudah lahir. 4. Memeriksa TFU ibu dan mempersiapkan manajemen aktif kala III. Evaluasi : TFU 1 jari di atas pusat, uterus keras, plasenta belum lahir, dan ibu merasa mules.
	Ibu mengatakan merasa mules	KU : baik Kesadaran : compos mentis	Post partum spontan kala III	04.05WIB	1. Membantu asistensi penatalaksanaan aktif kala III. a. Melakukan pengecekan adanya janin kedua. Didapat hasil janin tunggal.

		TFU : 1 jari di atas pusat Uterus keras, Plasenta belum lahir			b. Memberi tahu ibu bahwa ibu akan disuntik oksitosin untuk mempercepat pengeluaran tali pusat. Melakukan penyuntikan oksitosin sebanyak 10 IU secara intra muskular pada 1/3 paha atas bagian luar. c. Memindah klem 5 cm dari vulva, dan memantau tanda pelepasan plasenta. Terdapat pemanjangan tali pusat dan terdapat semburan darah. d. Melakukan PTT saat ada kontraksi, tangan kanan menarik dengan lembut tali pusat, tangan kiri dorsokranial. Setelah plasenta nampak di introitus vagina, lahirkan plasenta, kemudian dipilin 360º lalu gunakan klem untuk melepas selaput ketuban hingga terlepas. Masase fundus uteri selama 15 detik. e. Mengecek kelengkapan plasenta dan membersihkan jalan lahir. Evaluasi : Plasenta lahir lengkap, sepusat, uterus keras, dan ibu merasakan perutmnya mules. 2. Melakukan inspeksi pada jalan lahir dan memeriksa laserasi. Evaluasi : terdapat ruptur pada perineum derajat II, dan mengeluarkan lochea rubra. Ibu merasa nyeri pada jalan lahir.
	Ibu mengatakan merasa nyeri pada jalan lahir	KU : baik Kesadaran : compos mentis TFU : Sepusat Kontraksi uterus keras Lochea rubra Ruptur derajat II pada kulit perineum, otot perineum	Post partum spontan kala IV	04.11 WIB	1. Membantu asistensi penatalaksanaan kala IV. a. Memberitahu ibu bahwa terdapat robekan pada jalan lahir sehingga akan dilakukan penjahitan. b. Melakukan kateterisasi sampai kandung kemih kosong. c. Memberitahu ibu akan dilakukan pemberian obat bius agar tidak terasa sakit saat proses penjahitan. Mendekatkan peralatan untuk penjahitan. d. Memberikan anestesi lokal lidokain 1 % di luka robekan, kemudian Memeriksa efek anstesi dengan pinset. e. Melakukan penjahitan pada laserasi. f. Memeriksa apakah jahitan sampai ke rectum. Jahitan tidak sampai rectum dan membersihkan daerah penjahitan serta vagina menggunakan kasa steril.

					g. Membersihkan ibu dari darah dan cairan tubuh dengan waslap dan air bersih menggunakan detol. Membuang bahan yang terkontaminasi ke dalam bak sampah infeksius dan mengganti underpad ibu. h. Membantu ibu mengganti baju dan membereskan alat serta melepas APD dan cuci tangan. i. Melakukan observasi pada ibu tiap 15 menit sekali pada 1 jam pertama dan tiap 30 menit sekali pada jam selanjutnya. Evaluasi : Ibu merasakan sedikit nyeri pada jahitan.

Pembimbing Akademik,

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Mahasiswa Praktikan,

Dewi Sartika

ASUHAN KEBIDANAN NIFAS

Tanggal	Data Subyektif	Data Objektif	Analisa	Penatalaksanan	
				Jam	Kegiatan
11-04-2026 **Pengkajian di puskesmas**	Ibu mengatakan merasa nyeri pada luka jahitan	KU : baik Kesadaran : compos mentis TD: 129/65 MmHg, N: 99x/menit, S: 36,5^{o}C, SPO2 98% TFU : 2 jari dibawah pusat Kontraksi uterus keras Lochea rubra Ruptur derajat II pada kulit perineum, otot perineum	Ny. R umur 23 tahun P1 A0 PP spntan nifas 6 jam	10.00 WIB	1. Memantau kontraksi uterus dan perdarahan 2. Memberikan KIE perawatan luka perineum dan personal Hygien 3. Memberikan konseling mengenai tekik menyusui yang benar 4. Mengajarkan kepada ibu dan keluarga tentang pijat Oksitosin 5. Memberikan konseling pemenuhan nutrisi pada ibu nifas 6. Menganjurkan ibu kontrol ulang di tanggal 14 april 2026

14-04-2026 Pengkajian di puskesmas	ibu mengatakan masih merasakan nyeri di luka jahitan perineum. Ibu mengaku kurang istirahat karena harus bangun tengah malam untuk menyusui.	KU : baik Kesadaran : compos mentis. TD: 135/79 mmHg, N: 110x/menit, R: 20 x/menit, S: 36,1x/menit. TFU : 3 jari dibawah pusat Lochea Sanguilenta. Jahitan baik namun bagian bawah jahitan masih agak basah.	Ny. R umur 23 tahun P1 A0 PP spntan nifas hari ke-3 normal membutuhkan asuhan nifas 3-7 hari	09.00 WIB	1. Menganjurkan ibu mencukupi kebutuhan makan minum dengan gizi seimbang. Protein membantu penyembuhan luka, proses kembalinya organ kandungan seperti sebelum hamil dan produksi ASI. 2. Menganjurkan ibu menjaga kebersihan genetalia. Ibu bersedia, ibu sudah dapat ke kamar mandi sendiri 3. Menganjurkan ibu tetap menyusui bayi sesuai permintaan bayi atau minimal 2 jam sekali dengan teknik menyusui yang benar. Ibu bersedia, ibu mengaku sudah diajarkan cara menyusui yang benar. 4. Menganjurkan ibu kelola stress dan istirahat cukup. Ibu bersedia 5. Mengingatkan ibu untuk rutin minum obat antibiotik, asam mefenamat 6. Memberikan KIE tanda bahaya pada ibu ni 7. Menganjurkan ibu kontrol ulang jika ada keluhan
19-04-2026 Pengkajian di rumah	Ibu mengatakan sudah tidak ada keluhan. Ibu mengaku dapat beristirahat cukup karena keluarga membantu pekerjaan rumah tangga, merawat ibu dan bayi.	KU : baik Kesadaran : compos mentis. TD: 118/69 mmHg, N: 110x/menit, R: 20 x/menit, S: 36,1x/menit. TFU : pertengahan pusat dan simpisis. Jahitan sudah baik dan kering Lochea Serosa.	Ny. R umur 23 tahun P1 A0 PP spntan nifas hari ke-8 normal membutuhkan asuhan nifas 8-28 hari	13.00 WIB	1. Memberikan dukungan ibu untuk pemberian ASI ekslusif. 2. Menganjurkan ibu tetap menjaga pola makan gizi seimbang, jaga kebersihan genetalia, kelola stress dan istirahat cukup. 3. Memberikan KIE tanda bahaya nifas. Ibu merespon dengan baik. 4. Memberikan KIE waktu memulainya hubungan seksual setelah nifas. Ibu mengerti, ibu melakukan hubungan setelah darah nifas berhenti dan kapan mulai kesuburan kembali. 5. Memberikan KIE tentang KB

11-05-2026 Pengkajian di rumah	Ibu mengatakan sudah tidak ada keluhan	KU : baik Kesadaran : compos mentis. TD: 115/697 mmHg, N: 82x/menit, R: 20 x/menit TFU : tidak teraba. tidak ada pengeluaran cairan dari jalan lahir.Lochea alba	Ny. R umur 23 tahun P1 A0 PP spntan nifas hari ke-30 normal membutuhkan asuhan nifas 29-42 hari	17.00 WIB	1. Memberikan dukungan ibu untuk pemberian ASI ekslusif. 2. Menganjurkan ibu tetap menjaga pola makan gizi seimbang, jaga kebersihan genetalia, kelola stress dan istirahat cukup. 3. Memberikan KIE tanda bahaya nifas. Ibu merespon dengan baik. 4. Memberikan KIE tentang waktu yang tepat unutk KB suntik

Pembimbing Akademik,

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Mahasiswa Praktikan,

Dewi Sartika

ASUHAN KEBIDANAN NEONATUS

Tanggal	Data Subyektif	Data Objektif	Analisa	Penatalaksanan	
				Jam	Kegiatan
11-04-2026 KN 1	Bayi mau menyusu walaupun ASI masih sangat sedikit.	tidak ada tanda bahaya seperti napas cepat atau kulit kebiruan (sianosis). Tidak ada ikterus pada bayi	By Ny. R umur 6 jam normal membutuhkan asuhan neonatus 6- 48 jam	10.00 WIB	1. Menganjurkan ibu menjaga kehangatan bayi. 2. Menganjurkan ibu menyusui bayi atau minimal 2 jam sekali dengan teknik menyusui yang benar. Ibu bersedia, ibu mengaku sudah diajarkan cara menyusui yang benar 3. Memberikan konseling cara perawatan tali pusat. Ibu merespon dengan baik 4. Memberikan konseling tanda bahaya neonatus

14-04-2026 KN 2	Ibu mengatakan bayi tidak ada keluhan. Kebiasaan eliminasi bayi yaitu BAK 3-4 kali sehari dan BAB 3- 5 kali sehari. Bayi menyusu ASI saja dengan frekuensi 2 jam sekali atau lebih cepat.	BB: 3140 gram, PB 49 cm, HR 145 x/menit, RR 44x/menit, Spo2 96%. ikterus pada bayi sampai dengan kaki, BB turun sampai dengan 10 %	By Ny. R umur 3 hari normal membutuhkan asuhan neonatus 3-7 hari	09.00 WIB	1. Menganjurkan ibu menyusui bayi atau minimal 2 jam sekali dengan teknik menyusui yang benar. Ibu bersedia, ibu mengaku sudah diajarkan cara menyusui yang benar 2. Memberikan konseling tanda bahaya pada neonatu. 3. Memberitahu ibu bahwa bayinya tampak kuning dari kepala sampai kaki sehingga harus di rujuk untuk pemeriksaan lebih lengkap 4. Menganjurkan ibu tetap menyusui bayi sesuai permintaan bayi atau minimal 2 jam sekali dengan teknik menyusui yang benar. Ibu bersedia, ibu mengaku sudah diajarkan cara menyusui yang benar. 5. Menganjurkan ibu memantau tanda- tanda ikterus pada bayinya serta frekuensi BAK sera BAB 6. Menjelaskan tanda Bahayya pada bayi

19-04-2026 KN 3 kunjungan di rumah	Ibu mengatakan bayi tidak ada keluhan dan ibu mengatakan hasil pemeriksaan rujukan kemarin bayinya masih dalam batas normal sehingga tidak perlu dilakukan rawat inap. Dokter mengatakan menyusui sesering mungkin setiap 2 jam	Tidak ada warna kulit kekuningan, dada tiadk ada retralsi, Gerakan abdomen sesuai irama napas, tali pusat sudah lepas, bersih dan kering	By Ny. R umur 8 hari normal membutuhkan asuhan neonatus 8-28 hari		1. Menyampaikan hasil pemeriksaan pada ibu 2. Memotivasi ibu untuk pemberian ASI ekslusif. 3. Menganjurkan ibu tetap menjaga kehangatan bayi. 4. Memberikan KIE kenaikan BB bayi yang harus dicapai setiap bulan berdasar grafik KMS. Pada bulan pertama, kenaikan BB yang dianjurkan adalah 800 gr dari BB lahir. 5. Menganjurkan ibu menimbang BB dan mengukur PB rutin setiap bulan di posyandu. 6. Memberikan KIE waktu memulainya hubungan seksual setelah nifas. Ibu mengerti, ibu melakukan hubungan setelah darah nifas berhenti dan kapan mulai kesuburan kembali. 7. Memberikan KIE kembali tentang tanda bahaya bayi

ASUHAN KEBIDANAN KELUARGA BERENCANA

Tanggal	Data Subyektif	Data Objektif	Analisa	Penatalaksanan	
				Jam	Kegiatan

19-04-2026 (Hari ke 8)	Ibu mengatakan masih bingung mau menggunakan KB untuk dirinya. Ibu hanya mengetahui KB suntik, belum begitu memahami tentang KB yang lain	KU : baik Kesadaran : compos mentis. TD: 118/69 mmHg, N: 110x/menit, R: 20 x/menit, S: 36,1x/menit.	By Ny. R umur 23 tahun P1 A0 dengan konseling macam-macam KB suntik	10.00 WIB	1. Memberikan konseling macam- macamg Kb yang boleh digunakan untuk ibu menyusui 2. Memberikan konselimg efek samping dari penggunaan KB
25-04-2026 (Hari ke 14)	ibu mengatakan berencana akan menggunakan KB suntik 3 bulan setelah mendapatkan menstruasi pertama pasca persalinan, dan	KU : baik Kesadaran : compos mentis. TD: 115/697 mmHg, N: 82x/menit, R: 20 x/menit	By Ny. R umur 23 tahun P1 A0 dengan konseling Kb suntik 3 bulan	16.00 WIB	1. Memberikan konseling pemantapan penggunaan alat kontrasepsi kondom meliputi cara penggunaan, efektivitas, keuntungan dll. Ibu merespon dengan baik 2. Memberikan KIE pemantapan dengan menyampaikan cara kerja, keuntungan, efek samping dan efektivitas dari KB suntik 3 bulan 3. Memberikan dukungan ibu untuk pemberian ASI ekslusif yang dapat menjadi kontrasepsi sementara yaitu MAL selama masa menyusui dibersamai dengan penggunaan kondom rutin saat berhubungan. Ibu bersedia

	saat ini belum aktif berhubungan seksual dengan suami.				

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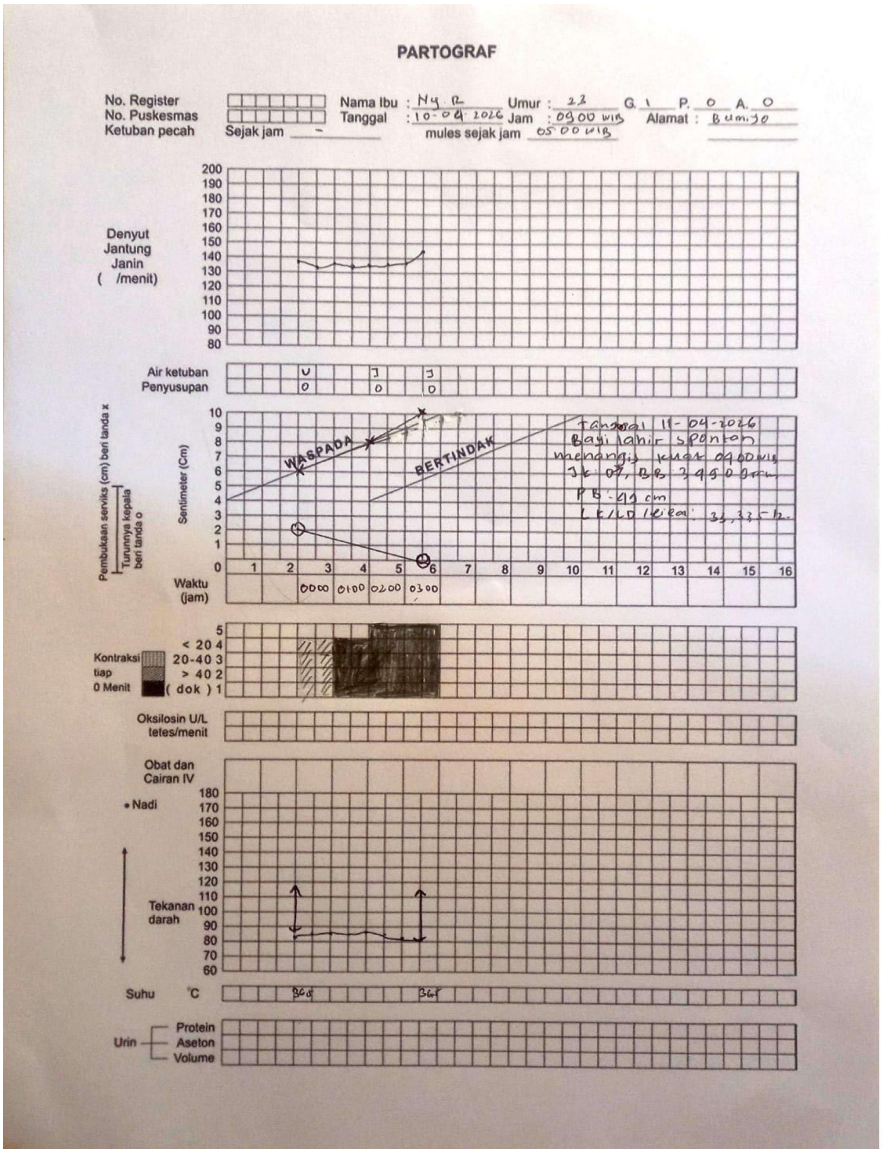
NIP. 198503022009022004

Mahasiswa Praktikan,

Dewi Sartika

LAMPIRAN

Lampiran 2. *Partograf*



CATATAN PERSALINAN

1. Tanggal : 11-04-2026
2. Nama bidan : Ayas
3. Tempat Persalinan :
   ☐ Rumah Ibu ☑ Puskesmas
   ☐ Polindes ☐ Rumah Sakit
   ☐ Klinik Swasta ☐ Lainnya : .....
4. Alamat tempat persalinan : Bumijo, 3 ebs kota
5. Catatan : ☐ rujuk, kala : I / II / III / IV
6. Alasan merujuk: -
7. Tempat rujukan: -
8. Pendamping pada saat merujuk :
   ☐ Bidan ☐ Teman
   ☐ Suami ☐ Dukun
   ☐ Keluarga ☐ Tidak ada

KALA I

9. Partogram melewati garis waspada : Y / (T)
10. Masalah lain, sebutkan : -
11. Penatalaksanaan masalah Tsb : -
12. Hasilnya : -

KALA II

13. Episiotomi :
    ☐ Ya, Indikasi .....
    ☑ Tidak
14. Pendamping pada saat persalinan
    ☐ Suami ☐ Teman ☐ Tidak ada
    ☑ Keluarga ☐ Dukun
15. Gawat Janin :
    ☐ Ya, tindakan yang dilakukan
    a. .....
    b. .....
    c. .....
    ☑ Tidak
16. Distosia bahu :
    ☐ Ya, tindakan yang dilakukan
    a. .....
    b. .....
    c. .....
    ☑ Tidak
17. Masalah lain, sebutkan : -
18. Penatalaksanaan masalah tersebut : -
19. Hasilnya : -

KALA III

20. Lama kala III : ....5.... menit
21. Pemberian Olsitosin 10 U im ?
    ☑ Ya, waktu : ....1.... menit sesudah persalinan
    ☐ Tidak, alasan .....
22. Pemberian ulang Oksitosin (2x) ?
    ☐ Ya, alasan .....
    ☐ Tidak
23. Penegangan tali pusat terkendali ?
    ☑ Ya,
    ☐ Tidak, alasan .....
24. Masase fundus uteri ?
    ☑ Ya.
    ☐ Tidak, alasan .....
25. Plasenta lahir lengkap (*intact*) (Ya) / Tidak
    Jika tidak lengkap, tindakan yang dilakukan :
    a. .....
    b. .....
26. Plasenta tidak lahir > 30 menit : Ya / Tidak
    ☐ Ya, tindakan :
    a. .....
    b. .....
    c. .....
27. Laserasi :
    ☑ Ya, dimana mukosa, kulit, otot perineum
    ☐ Tidak.
28. Jika laserasi perineum, derajat : 1 (2) 3 / 4
    Tindakan :
    ☑ Penjahitan, dengan / tanpa anestesi
    ☐ Tidak dijahit, alasan .....
29. Atoni uteri :
    ☐ Ya, tindakan
    a. .....
    b. .....
    c. .....
    ☑ Tidak
30. Jumlah perdarahan : ....100.... ml
31. Masalah lain, sebutkan .....
32. Penatalaksanaan masalah tersebut : -
33. Hasilnya : -

BAYI BARU LAHIR :

34. Berat badan ....3.950.... gram
35. Panjang ....49.... cm
36. Jenis kelamin (L) / P
37. Penilaian bayi baru lahir : baik / ada penyulit
38. Bayi lahir :
    ☑ Normal, tindakan :
    ☑ mengeringkan
    ☑ menghangatkan
    ☑ rangsang taktil
    ☑ bungkus bayi dan tempatkan di sisi ibu
    ☐ Aspiksia ringan/pucat/biru/lemas/,tindakan :
    ☐ mengeringkan ☐ bebaskan jalan napas
    ☐ rangsang taktil ☐ menghangatkan
    ☐ bungkus bayi dan tempatkan di sisi ibu
    ☐ lain - lain sebutkan .....
    ☐ Cacat bawaan, sebutkan :
    ☐ Hipotermi, tindakan :
    a. .....
    b. .....
    c. .....
39. Pemberian ASI
    ☑ Ya, waktu : ....1.... jam setelah bayi lahir
    ☐ Tidak, alasan .....
40. Masalah lain,sebutkan : -
    Hasilnya : -

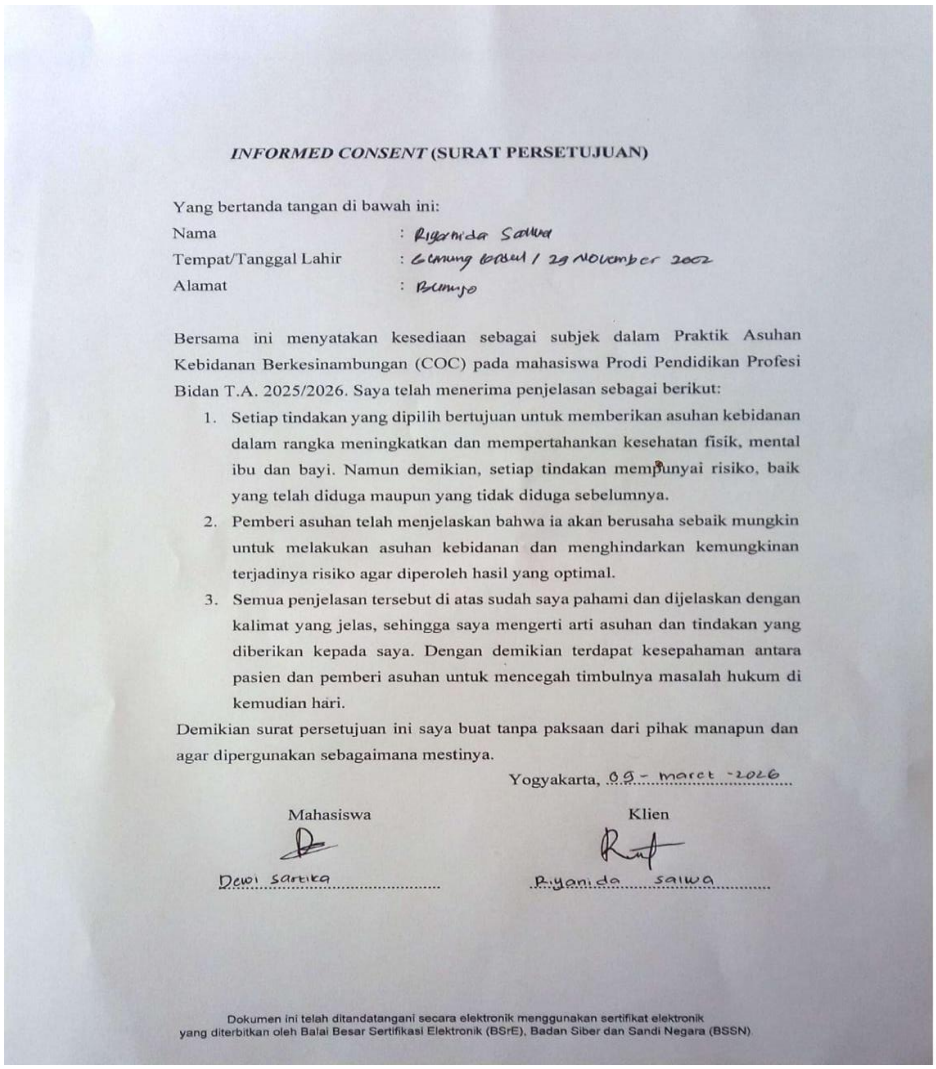
PEMANTAUAN PERSALINAN KALA IV

Jam Ke	Waktu	Tekanan darah	Nadi		Tinggi Fundus Uteri	Kontraksi Uterus	Kandung Kemih	Perdarahan
1	04.20	120/77 mmHg	88		1 Jr ↓ Pst	keras	100 ml.	50 ml
	04.35		80		1 Jr ↓ Pst	keras		50 ml
	04.50		90		1 Jr ↓ Pst	keras		40 ml
	05.05		88		2 Jr ↓ Pst	keras		25 ml
2	05.35	119/76 mmHg	82		2 Jr ↓ Pst	keras		25 ml
	0605		80		2 Jr ↓ Pst	keras		25 ml

Masalah kala IV : .....
Penatalaksanaan masalah tersebut : .....
Hasilnya : .....

Dipindai dengan CamScanner

Lampiran 3. *Informed Consent*



***INFORMED CONSENT* (SURAT PERSETUJUAN)**

Yang bertanda tangan di bawah ini:

Nama : Riyanida Salwa
Tempat/Tanggal Lahir : Gunung Kidul / 29 November 2002
Alamat : Bumijo

Bersama ini menyatakan kesediaan sebagai subjek dalam Praktik Asuhan Kebidanan Berkesinambungan (COC) pada mahasiswa Prodi Pendidikan Profesi Bidan T.A. 2025/2026. 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 menghindarkan 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 kesepahaman 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, 09 - maret - 2026

Mahasiswa	Klien
Dewi sartika	Riyanida salwa

Dokumen ini telah ditandatangani secara elektronik menggunakan sertifikat elektronik yang diterbitkan oleh Balai Besar Sertifikasi Elektronik (BSrE), Badan Siber dan Sandi Negara (BSSN)

Lampiran 4. Surat Keterangan Telah Menyelesaikan COC

SURAT KETERANGAN

Yang bertanda tangan di bawah ini:

Nama Pembimbing Klinik : Rini Hikmasari S.Tr.Keb
Instansi : Puskesmas Jetis Kota

Dengan ini menerangkan bahwa:

Nama Mahasiswa : Dewi Sartika
NIM : P71243125007
Prodi : Pendidikan Profesi Bidan
Jurusan : Kebidanan Poltekkes Kemenkes Yogyakarta

Telah selesai melakukan asuhan kebidanan berkesinambungan dalam rangka Praktik Asuhan Kebidanan Berkesinambungan (COC)
Asuhan dilaksanakan pada tanggal 09 maret sampai dengan 25 April 2026 Judul asuhan:

ASUHAN BERKESINAMBUNANGAN PADA NY. R. UMUR 23 TAHUN G1P0A0 DENGAN KEHAMILAN NORMAL DI PUSKESMAS JETIS KOTA YOGYAKARTA

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

Yogyakarta, ...
Bidan (Pembimbing Klinik)

Rini Hikmasari S.Tr.Keb

Lampiran 5. Dokumentasi Kegiatan CoC

1. Kehamilan

2. Persalinan

3. NIFAS

KF 1

KF2

KF 3

KF4

4. Neonatus

KN 1

KN 3

KN2

5. Keluarga Berencana

Kunjungan KB 1

Kunjungan KB 2

Lampiran 6. Jurnal yang dijadikan referensi

Aust N Z J Obstet Gynaecol 2020; 1–6

ANZJOG

DOI: 10.1111/ajo.13253

HISTORICAL REVIEW

Naegele's rule and the length of pregnancy – A review

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Conflicts of Interest: The author reports no conflicts of interest.

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Background: The proposition that a pregnancy is 40 weeks or 280 days in duration is attributed to the German obstetrician Franz Naegele (1778–1851). His rule adds nine months and seven days to the first day of the last menstrual period. The expected date of confinement from this formula is approximately right in the majority of cases. However, the idea that this rule can apply to every pregnant female – young or old, nulliparous or multigravida, Caucasian, Asian, African, or Indigenous – stretches credulity. In addition, many women regard the 40-week date as a deadline, which if crossed, may then place the baby under stress. Forty weeks is such a simple, round, convenient figure that it has proved difficult to challenge, despite criticism. Nonetheless, what might have been an appropriate formula in Germany in the 19th century deserves to be revisited in the 21st.

Aims: To review the length of pregnancy, in the light of current technology, in particular ultrasound scanning, and assisted reproductive techniques.

Material and Methods: A Medline search was performed for variables on the length of pregnancy, the expected date of confinement, and prolonged pregnancy.

Results: A number of factors were found to significantly influence the length of a pregnancy, including ethnicity, height, variations in the menstrual cycle, the timing of ovulation, parity and maternal weight.

Conclusions: Naegele's rule should be considered as a guideline for the expected date of confinement, and not a definite date.

KEYWORDS

length of pregnancy, menstrual history, Naegele's rule, post-dates, timing of ovulation

INTRODUCTION

Interventions in obstetrics, such as the induction of labour to avoid the risks associated with a prolonged pregnancy, assumes that there is certainty that the pregnancy is, in fact, actually prolonged.

Franz Karl Naegele was a German obstetrician and professor of obstetrics at the University of Heidelberg. In 1812, he published a textbook (Fig. 1) in which he outlined his calculation – add seven days and nine months to the date of the first day of the last menstrual period (LMP).[1] Over the next 200 years, this became known as 'Naegele's rule', for calculating the expected date of confinement (EDC). He estimated that the length of a pregnancy was equivalent to ten menstrual cycles – 10 × 28 days = 280 days, or 40 weeks.

However, it is claimed by Baskett and Nagele,[2] and Saunders and Patterson,[3] that it was actually the Dutch physician Herman Boerhaave (1668–1738), the Professor of Botany and Medicine at Leyden University, who came up with the calculation, as outlined in the *Academic Lectures of Hermann Boerhaave*,[4] published in 1744; and that Naegele merely quoted that method in his 1812 text.

The estimate of the 40-week duration has been widely accepted by clinicians and patients for over 200 years, despite criticism of the formula.[2,3]

The rule has served well over the years. A 1967 study by Treloar *et al.*[5] of 2965 pregnant women reported that 70% of all live births occurred within 280 ± 10 days of their LMP.

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Association of neonatal hypothermia with neonatal hypoglycemia

Henrike Hoermann*, Marcia Roeper, Lisa Friesl, Calvin Kurz, Juliane Tautz, Mark Dzietko, Ertan Mayatepek, Thomas Meissner and Sebastian Kummer

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Introduction: About 15% of neonates suffer from hypoglycemia. Hypothermia is associated with hypoglycemia; however, there are limited empiric data analyzing this association. Accordingly, hypothermia is not listed as a risk factor in many hypoglycemia guidelines. This study aimed to analyze hypothermia in regard to neonatal hypoglycemia.

Methods: Prospective study of 1018 neonates ≥35 + 0 weeks. Neonates at-risk for hypoglycemia (n=857) received a standardized blood glucose (BG) screening/management. Controls (n=161) received at least two BG measurements at 2–3 and 36–72 hours. Rectal temperature was measured at 1–3 hours, upon transfer to the maternity/pediatric ward, and at clinical discretion (hypothermia = <36.5°C).

Results: 236/1018 (23.2%) neonates had at least one episode of hypothermia. More hypothermic compared to non-hypothermic neonates had hypoglycemia ≤2.5 mmol/l (≤45 mg/dl) (53.4% vs. 26.2%, P<.001) and <1.7 mmol/l (<30 mg/dl) (12.7% vs. 1.4%, P<.001), and subsequently required treatment more frequently. Small for gestational age (SGA) and/or fetal growth restriction (FGR), prematurity and perinatal stress were associated with a higher risk for hypothermia. In SGA and/or FGR neonates the incidence of hypoglycemia ≤2.5 mmol/l (≤45 mg/dl) and <1.7 mmol/l (<30 mg/dl) was higher for hypothermic compared to non-hypothermic neonates (58% vs. 35%, P<.001 and 15% vs. 4%, P=.003).

Conclusion: Hypothermia was strongly associated with neonatal hypoglycemia, leading to more frequent hypoglycemic episodes and a greater need for treatment. Further prospective studies are needed to elucidate the direction of causality between both conditions and to assess the effectiveness of thermal management strategies in reducing hypoglycemia. Awareness should be raised to rule out hypoglycemia in case of hypothermia, and vice versa.

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Effective breastfeeding techniques and associated factors among lactating women: a community-based study, north east Ethiopia

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Background: Effective breastfeeding techniques, which include proper attachment, positioning, and suckling, offer a range of benefits for both the mother and the infant. These techniques ensure efficient milk transfer, reduce the risk of infections, support optimal infant weight gain, enhance maternal comfort, and foster a strong emotional bond. This study aimed to identify the magnitude and factors associated with effective breastfeeding techniques among lactating women in the Legambo district of South Wollo, Ethiopia, in 2022.

Methods: A community-based cross-sectional study was conducted from September to November 2022. Samples were selected using a multi-stage sampling method from 18 wards (kebele). Data were collected using an interviewer-administered structured questionnaire and an observational checklist. The collected data were entered into Epi-Data and then exported to SPSS version 25.0 for analysis. Descriptive statistics and bivariate and multivariable logistic regression analyses were performed to identify the magnitude and associated factors. Variables with a *p*-value less than 0.05 on multivariable analysis were considered independent factors associated with the outcome variable.

Results: Six hundred and ten lactating women were included for observation and interviewed, resulting in a 96.2% response rate. The magnitude of effective breastfeeding technique practice was found to be 25.9% (95% CI: 22.47–29.57%). Factors associated with effective breastfeeding technique practice included being a working woman (AOR = 1.70; 95%CI: 1.07–2.72), age between 26 and 30 years (AOR = 0.37; 95%CI: 0.16–0.84), urban residence (AOR = 1.59; 95%CI: 1.06–2.39), initiating breastfeeding 1 to 2 h after birth (AOR = 0.27; 95%CI: 0.16–0.43), and initiating breastfeeding after 2 h of birth (AOR = 0.34; 95%CI: 0.17–0.67). Additionally, not receiving breastfeeding education (AOR = 0.46; 95%CI: 0.30–0.72) and experiencing current breast problems (AOR = 0.28; 95%CI: 0.28–0.75) were also found to have a significant association with effective breastfeeding technique practice.

Conclusion: Only one in four women demonstrated effective breastfeeding techniques, indicating that their practice was below the WHO's recommendations. Therefore, it is crucial to consider the identified variables to improve the practice of effective breastfeeding techniques.

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Original Article

Hubungan Kecemasan Ibu, Dukungan Suami dan Peran Bidan terhadap Lama Persalinan Kala II

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Abstrak

Pendahuluan: Dalam proses persalinan dimana ibu membutuhkan banyak tenaga, emosi dan fisik yang ekstra, dimana pada kejadian kala II persalinan lama akan membahayakan ibu seperti atonia uteri, perdarahan, infeksi, kelelahan ibu dan *shock* yang bisa menyebabkan kematian dan pada janin akan terjadi asfiksia, infeksi dan cedera.
Tujuan: Untuk mengetahui hubungan kecemasan ibu, dukungan suami, dan dukungan bidan terhadap lama persalinan kala II pada ibu di PMB Bidan Manurung Tahun 2022.
Metode: Dalam penelitian ini jenis penelitian menggunakan *cross-sectional* dengan menggunakan *total sampling* yaitu dimana pengambilan jumlah sampel sama dengan jumlah populasi yang ada di wilayah penelitian sebanyak 33 orang. Teknik pengumpulan data menggunakan kuesioner dan Uji Statistik menggunakan *Chi-Square*.
Hasil: Uji *chi-square* menunjukkan bahwa hubungan antara kecemasan ibu, dukungan suami dan peran bidan terhadap lama persalinan kala II yaitu terlihat dari nilai sigfinikan ≥ 0.05. Kecemasan ibu dengan *P-value* = 0,010 dan Nilai OR 0,104. Dukungan suami dengan *P-value* = 0,021 dan Nilai OR 0,444. Dan peran bidan dengan *P-value* = 0,016 dan Nilai OR 11,333.
Kesimpulan: Ada hubungan siqnifikan antara kecemasan ibu, dukungan suami dan peran bidan terhadap lama persalinan kala II.

Kata Kunci: bidan, dukungan suami, kecemasan, persalinan

Pendahuluan

Bagi para ibu yang baru pertama kali melahirkan, persalinan merupakan pengalaman yang menakutkan. Salah satu kondisi yang dapat membuat ibu merasa lebih cemas adalah persalinan normal.[1] Persalinan lama pada tahap I dan II, yang dapat mengakibatkan infeksi, kehabisan energi, dehidrasi, dan bahkan kematian ibu, merupakan salah satu penyebab utama kematian ibu. Infeksi, asfiksia, dan cedera pada janin semuanya dapat mengakibatkan kematian bayi.[2] Ada beberapa hal yang dapat mempengaruhi proses persalinan, antara lain: Faktor tenaga meliputi janin sebagai potensi bahaya, jalan lahir sebagai jalan keluar, faktor pendukung, dan faktor psikologis. [3]

Kesejahteraan suatu negara dapat diukur dengan melihat angka kematian ibu. Angka Kematian Ibu (AKI) di ASEAN sebesar 235 per 100.000 kelahiran hidup pada tahun 2019, menurut data WHO. Angka kematian ibu secara global adalah 303.000 pada tahun 2019. Indonesia masih menempati peringkat ketiga sebagai negara ASEAN dengan AKI tertinggi saat ini.[4] Dari catatan program kesehatan keluarga Kementerian Kesehatan, tercatat 4.627 kematian ibu di Indonesia pada tahun 2020. Angka tersebut meningkat dari 4.221 kematian

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Breastfeeding in Relation to Neonatal Jaundice in the First Week After Birth: Parents' Perceptions and Clinical Measurements

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Abstract

Background: Parents may consider interrupting breastfeeding to manage neonatal jaundice (NJ). Our aims were to determine correlations of breastfeeding with NJ by examining infants' manifestations in the first week after birth and to understand parents' perceptions toward NJ in relation to breastfeeding.
Materials and Methods: This prospective cross-sectional study was conducted in a tertiary medical center by examining infants and administering a questionnaire survey to their parents. All healthy infants admitted to the well-baby nursery were eligible for enrollment. A 16-item questionnaire was distributed to parents of enrolled infants from October 2017 to February 2019. Items of the questionnaire included perceptions and knowledge of NJ. In addition, clinical information of enrolled infants was obtained from medical records. Hyperbilirubinemia was defined as a peak transcutaneous bilirubinometer value ≥15 mg/dL.
Results: In total, 449 parents completed the consent form and participated in the study. Results showed that exclusive breastfeeding was more common in infants with a vaginal delivery ($p<0.001$), who were non-primiparous ($p=0.004$) and who had weight loss of >7% ($p<0.001$). There was no significant correlation of exclusive breastfeeding with hyperbilirubinemia ($p=0.414$). Approximately two-thirds of parents were worried about NJ occurring in their child. Most parents were aware of phototherapy as management of NJ. However, their knowledge of risk factors, complications, and assessments of NJ was relatively deficient. Overall, 29.6% of parents rated breastfeeding as a risk factor for NJ, and 24% of parents indicated that cessation of breastfeeding was a management option for NJ.
Conclusions: The results indicated that NJ in the first few days after birth poses a significant barrier to breastfeeding. Our findings provide critical information for plotting strategies to enhance parents' willingness to continue breastfeeding.

Keywords: breastfeeding, neonatal jaundice, questionnaire, parents, phototherapy

Introduction

NEONATAL JAUNDICE (NJ) IS associated with a variety of physiologic and pathologic conditions. Breastfeeding, blood group incompatibility, and a glucose-6-phosphate dehydrogenase (G6PD) deficiency are common factors associated with NJ.[1,2] Severe NJ may cause bilirubin encephalopathy, including acute manifestations, long-term complications, and even death.[3] Phototherapy (PT) is the mainstay of traditional treatment, with an exchange transfusion held in reserve for neonates with a risk of bilirubin encephalopathy.[4] With the advent of management, incidences of adverse outcomes decline.[5]

NJ in relation to breastfeeding is classified into two categories: breastfeeding jaundice and breast milk jaundice. Insufficient mother's milk is the leading cause of breastfeeding jaundice, which always occurs within the first week after birth.[6] Optimal management of breastfeeding jaundice is early initiation of breastfeeding, followed by frequent breastfeeding.[7] When the intake of human milk is adequate, the correlation of breastfeeding with significant NJ might not exist.[8,9] In addition, breast milk jaundice is characterized by prolonged jaundice and may last until 2–3 months of age with no other identifiable cause.[10] Nevertheless, breast milk jaundice causes no risk to infants. However, interruption

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Effectiveness of breathing exercise on the duration of labour: A systematic review and meta-analysis

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Background Prolonged labour intensifies labour pain, and failure to address labour pain may lead to abnormal labour and augments the usage of operative interventions. Prolonged labour is common among women, resulting in maternal morbidity, increased caesarean section (CS) rates, and postpartum complications. It may bring forth negative birth experiences that may increase the preference for CS. There is a dearth of evidence concerning the effectiveness of breathing exercises on the duration of labor. As per our knowledge, this is the first systematic review and meta-analysis on the effect of breathing exercises on the duration of labor. This systematic review and meta-analysis aimed to appraise the evidence concerning the effectiveness of breathing exercises on the duration of labour.

Methods Electronic databases MEDLINE, Cumulative Index to Nursing and Allied Health Literature (CINAHL), EMBASE, Web of Science, SCOPUS, and ClinicalKey were searched for randomized controlled trials, quasi-experimental studies published in the English language between January 2005 to March 2022 that reported on the effectiveness of breathing exercises on the duration of labour. Duration of labour was the primary analysed outcome. The secondary outcomes assessed were anxiety, duration of pain, APGAR scores, episiotomy, and mode of delivery. Meta-analysis was done using RevMan v5.3.

Results The reviewed trials involved 1418 participants, and the study participants ranged from 70 to 320. The mean gestational weeks of the participants among the reported trials was 38.9 weeks. Breathing exercise shortened the duration of the intervention group's second stage of labour compared with the control group.

Conclusions Breathing exercise is a beneficial preventive intervention in shortening the duration of second stage of labour.

Registration The review protocol was registered with PROSPERO (CRD42021247126).

Prolonged labour (PL) or dystocia is one of the most common birth complications and the most common indication for instrumental delivery or delivery by emergency caesarean section (CS) [1]. Globally, PL is prevalent among 8% of women giving birth [2]. Women with PL bring forth a negative birth experience, a risk factor for a later wish for a CS [3]. The global increase in the CS rate is accompanied by numerous maternal morbidities [4,5]. Improved maternal health is one of the United Nations Millennium Development Goals [6]. According to the World Health Organization (WHO), CS rates higher than 10% at a population level are associated with increased maternal and neonatal mortality rates [2]. The process of labour and childbirth brings forth numerous physical and psychological demands resulting in maternal stress with the release of the hormone cortisol. Heightened stress and release of cortisol hormone have a detrimental effect on childbirth, lactation, and infant-mother bonding [7].

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The Effect of Oxytocin Massage on Breast Milk Production of Postpartum Mothers at PMB Kustirah Palembang

Pengaruh Pijat Oksitosin terhadap Produksi ASI pada Ibu Postpartum di PMB Kustirah Palembang

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ABSTRACT

Insufficient breastfeeding is often a problem arising on the first postpartum day so that the baby does not get enough breast milk. One of the efforts to increase milk production is oxytocin massage. This study aimed at analyzing the effect of oxytocin massage on breast milk production of postpartum mothers at PMB (Independent Midwifery Practice) Kustirah Palembang. The research is a quasi-experiment study with a pretest and posttest approach with a control group. The population of this study was all postpartum mothers at PMB Kustirah Palembang. The samples were 30 postpartum mothers who were divided into 2 groups; 15 respondents in the experimental group and 15 respondents in the control group, taken by purposive sampling and analyzed by using paired t-test. The results of the study found that before the oxytocin massage was carried out, 13 (86.7%) of the postpartum mothers in the experimental group had insufficient breast milk and after the oxytocin massage, some postpartum mothers, as many as 15 respondents (100%), had sufficient breast milk. The paired t-test statistical test showed that the significant value was p-value = 0.000 < α (0.05). Hence, H1 was accepted. The study concludes that there is an effect of oxytocin massage on the milk production of postpartum mothers at PMB Kustirah Palembang.

Keywords: *Oxytocin Massage, Breast Milk Production, Postpartum Mothers*

ABSTRAK

Ketidaklancaran ASI sering menjadi masalah yang muncul di hari pertama pasca bersalin sehingga bayi tidak mendapatkan ASI yang cukup, salah satu upaya untuk meningkatkan produksi ASI yaitu pijat oksitosin. Penelitian ini bertujuan menganalisis pengaruh pijat oksitosin terhadap produksi ASI pada ibu *postpartum* di PMB Kustirah Palembang. Jenis penelitian ini adalah *quasi experiment* dengan pendekatan *pretest and posttest with control group*. Populasi penelitian ini seluruh ibu nifas di PMB Kustirah Palembang. Sampel penelitian sejumlah 30 ibu nifas yang dibagi 2 kelompok yaitu 15 responden pada kelompok eksperimen dan 15 responden pada kelompok kontrol, diambil dengan teknik *purposive sampling*, analisis data menggunakan uji *paired t-test*. Hasil penelitian ini didapatkan bahwa sebelum dilakukan pijat oksitosin sebagian besar ibu nifas pada kelompok eksperimen mengalami tidak cukup ASI yaitu 13 responden (86,7%) dan setelah dilakukan pijat oksitosin sebagian ibu nifas mengalami ASI cukup menjadi 15 responden (100%). Uji statistik *paired t-test* menunjukan bahwa nilai signifikan *p value* = 0.000 < α (0,05), Sehingga H1 diterima. Kesimpulan penelitian ini ada pengaruh pijat oksitosin terhadap produksi ASI pada ibu *postpartum* di PMB Kustirah Palembang.

Kata Kunci : Pijat oksitosin, Produksi ASI, Ibu *postpartum*

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CLINICAL TRIAL REPORT

Effectiveness of Breathing Exercises, Foot Reflexology and Massage (BRM) on Maternal and Newborn Outcomes Among Primigravidae in Saudi Arabia: A Randomized Controlled Trial

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Background: Labor pain and anxiety are important concerns during labor, especially among the primigravidae. It may increase the duration of labor, increase stress hormones, and affect maternal and new-born related outcomes. This study examined the effectiveness of combined breathing exercises, foot reflexology, and massage (BRM) interventions on labor pain, anxiety, labor duration, stress hormone levels, maternal satisfaction, maternal vital signs, and the new-born's APGAR scores.

Participants and Methods: This single-blind-parallel randomized controlled trial (RCT) was conducted at the Maternity and Children Hospital (MCH), Makkah, Saudi Arabia, by recruiting primigravidae aged 20 to 35 years, without any medical complications, and who were block-randomized at six-centimeter cervical dilation and stratified by intramuscular pethidine. The intervention is BRM compared to standard care. The labor pain was measured via present behavioral intensity (PBI) and visual analogue scale (VAS), and the anxiety was measured via Anxiety Assessment Scale for Pregnant Women in Labor (AASPWL). The secondary outcomes were duration of labor, maternal stress hormone levels, maternal vital signs, maternal satisfaction, fetal heart rate, and APGAR scores. All outcomes were measured at multiple time-points during and after contraction at baseline, during BRM intervention, at 60, 120, and 180 minutes post-intervention. Generalized linear mixed models were used to estimate the intervention effects over time.

Results: A total of 225 participants were randomized for the control (n = 112) and intervention group (113). BRM lowered the labor pain intensity at 60 minutes after intervention during (1.3 vs 3.5, $F = 102.5$, $p < 0.001$) and after contraction (0.4 vs 2.4, $F = 63.6$, $p < 0.001$) and also lowered anxiety (2.9 vs 4.2, $F = 80.4$, $p < 0.001$). BRM correspondingly lowered adrenocorticotropic (ACTH) (133 vs 209 pg/mL, $p < 0.001$), cortisol (1231 vs 1360 nmol/mL, $p = 0.003$), and oxytocin (159 vs 121 pg/mL, $p < 0.001$). It also shortened the labor duration (165 vs 333 minutes, $p < 0.001$), improved vital signs, which resulted in higher APGAR scores, and increased maternal satisfaction.

Conclusion: The labor unit management could consider adopting BRM as one of the non-pharmacological analgesia for healthy women in labor.

Trial Registration: ISRCTN87414969, registered 3 May 2019.

Keywords: breathing exercises, reflexology, massage, primigravidae, labor pain

Introduction

Labor is a normal physiological process.[1] Labor pain is an individual experience and one of the most severe pains that a woman may experience during her life, which could be affected by different physiological, psychological, emotional,

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Maternal diet and human milk composition: an updated systematic review

Inga Petersohn[1,2†], Anneke H. Hellinga[3†], Linde van Lee[2], Nicole Keukens[1], Louis Bont[3,4,5], Kasper A. Hettinga[6], Edith J. M. Feskens[1] and Elske M. Brouwer-Brolsma[3*]

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Context: Exclusive breastfeeding for 6 months after birth provides infants with the best start for life. A review by Bravi et al. summarized the importance of maternal diet as a determinant of human milk composition based on data up to 2015, but evidence on nutrient intake level was limited.

Objective: We updated the review by Bravi et al., critically assessed differences in study designs and sampling methods, and graphically visualized trends and associations.

Data sources: PubMed was systematically searched for articles published between January 2015 and March 2021.

Data extraction: Article screening, selection, and data extraction was done by two independent researchers, including a risk of bias assessment based on 11 criteria. Articles were eligible when including: quantitative information, commonly used effect estimates, healthy mother-infant dyads.

Results: Twenty seven observational and five intervention studies were identified ($n = 7{,}138$) and combined with results of Bravi et al. Fatty acids were still the most studied human milk components in relation to maternal diet ($n = 17$ studies) with maternal fish intake being predominantly positively associated with milk ALA ($r = 0.28–0.42$), DHA ($r = 0.24–0.46$), and EPA ($r = 0.25–0.28$) content. PUFAs from diet were generally positively correlated with their concentrations in milk, while SFA intake was negatively associated with several fatty acids in milk. Studies on associations with maternal diet and milk carbohydrates, proteins, vitamins and minerals were limited in number and varied in methods and results.

Conclusion: This updated review shows that evidence on the association between maternal diet and human milk fatty acids is rapidly increasing, but still diversified in methodology and results. Further studies, preferably intervention studies, assessing diet and milk carbohydrates, proteins, vitamins and minerals are needed to be able draw conclusions on the importance of maternal diet for human milk composition as a whole.

KEYWORDS
maternal diet, breastfeeding, milk composition, infants, human milk

nutrients

MDPI

Review

From Mind to Milk: The Influence of Psychological Factors on the Composition of Human Breast Milk

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Abstract: Background/Objectives: Breast milk is a complex fluid crucial for infant development, nutrition, and immunological and neurodevelopmental support. Recent findings suggest that factors regarding mental health, such as stress, anxiety, and postpartum depression (PPD), may influence the composition of breast milk. This review aims to synthesize current knowledge regarding the relationship between a mother's mental state and the biochemical profile of human milk, focusing mainly on nutrients, hormones, immune factors, and microbiota. **Methods:** A systematic literature search was conducted in PubMed and the Web of Science using predefined keywords related to psychological factors and milk composition. Studies involving validated psychological assessment tools and only human subjects were included, in accordance with PRISMA guidelines. **Results:** Findings indicated that maternal stress and PPD are associated with alterations in breast milk composition. Elevated cortisol and changes in melatonin and prolactin levels have been observed. Immune components, such as secretory immunoglobulin A and transforming growth factor beta 2, exhibit variable responses depending on stress type and duration. Lower concentrations of docosahexaenoic acid and polyunsaturated fatty acid have been observed among mothers diagnosed with depression. Additionally, maternal psychological distress may influence infants' gut microbiota composition, potentially affecting long-term health outcomes. **Conclusions:** The maternal psychological state plays an essential role in shaping the composition of human breast milk. Understanding these associations highlights the need for mental health support during the postpartum period to optimize infant development. Future research should focus on the molecular mechanisms underlying these changes and potential interventions to mitigate adverse effects.

Keywords: breastmilk composition; lactation; maternal stress; postpartum depression; psychological factors; nutrients; microbiota; hormones; immune factors

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1. Introduction

Breast milk, secreted by lactocytes and pink adipocytes, is a heterogeneous solution containing a wide range of compounds that not only nourish the newborn, but also shape development [1–4]. It is recommended to breastfeed exclusively for at least the first six months of an infant's life and continue breastfeeding with additional nutrition until the

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A Literature Review on Postpartum Perineal Wound Care: Epidemiology, Impact, and Future Interventions

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Abstract

BACKGROUND: Perineal injury is an injury to the urogenital diaphragm and levator ani muscle, which occurs during normal delivery, or vaginal delivery, can occur without injury to the perineal or vaginal skin. Perineal wounds become one of the breeding media for germs so that it becomes the cause of puerperal infection. Perineal infection can occur because the location of the perineum is moist so that it becomes a breeding ground for bacteria. Incidence of infection that occurs in the perineal wound can spread to the birth canal or urinary tract. Infectious conditions in the perineal wound will slow down the wound healing process, because it can increase the damage to the supporting tissues of the skin.

AIM: This systematic review aims to see how postnatal perineal wound care: Epidemiology, impact, and future interventions.

METHODS: Researchers searched for quantitative studies published between 2017 and 2021, using PubMed, Elsevier, and Google Scholar. Thirty studies in systematics review.

RESULTS: The studies that have been collected that there are nine studies discussing the effect of therapies given to the treatment of perineal wounds in studies that discuss therapy two studies including discussing infrared lamp therapy, one study discussing the effects of mastic oleoresin, one study discussing betel leaf decoction, one study discussing the effectiveness of *Aloe vera*, one study discussing the effects of cinnamon, one study discussed the application of negative pressure sores, one study discussed the effect of pineapple fruit juice, and one other study discussed the effects of carvacrol, tymol, and olive oil. Then, two studies discussed the prevalence of perineal wound events and three studies discussed the characteristics of perineum wounds.

CONCLUSION: This systematic review evaluates and synthesizes the effectiveness of intervention methods of perineal wound pain reduction and perineal wound healing (episiotomy) and improves comfort in consideration of the methodological evidence level of stud patients' comfort.

Introduction

Perineal infection can occur due to the humid location of the perineum so that it becomes a medium for the proliferation of bacteria. The incidence of infection that occurs in the wound of the perineum can spread to the area of the birth canal or urinary tract. The condition of infection in the perineal wound will slow down the wound healing process because it can add damage to the supporting tissue on the skin. This condition will aggravate the degree of perineal injury and its treatment. The period when after the mother gives birth to the placenta kala III, the mother will enter a recovery period called the post-Natal period [1].

In the puerperium, the mother will experience a recovery process both physically and psychically. In this puerperium, the mother will undergo a new role as a mother and will experience a process of uterine involution. Mothers experience some discomfort after childbirth, although it is considered a common discomfort during puerperium after childbirth pain, perineal pain, fatigue, constipation, swelling of the breasts, lactation suppression, headaches, back pain, can cause physical, discomfort, psychological stress, and poor quality of life of the mother [2].

Maternity mothers generally have tears in the vagina and perineum that cause bleeding in varying and numerous amounts. The maternal mortality rate in Indonesia is still the highest among ASEAN countries. The direct cause of maternal death in Indonesia and other countries is almost the same, which is about (11%) caused by infection. Perineal laceration is a tear that occurs in the perineum during labor. Perineal lacerations can be classified according to the degree of laceration, which is degree I, degree II, degree III, and degree IV. A study conducted in the UK showed that 85% of women who give birth normally will experience perineal trauma. More than two-thirds of these women will need sewing. Perineal trauma will affect a woman's physical, psychological, and social well-being in the immediate and long-term postnatal period. Puerperal infection can be caused by a birth canal wound that does not undergo a proper healing process [3].