

Lampiran 1 SOAP dan Catatan Perkembangan

a. Pengkajian tanggal 23 Februari 2026

ASUHAN KEBIDANAN PADA KEHAMILAN

**NY. D USIA 32 TAHUN G3P1AB1AH1 USIA KEHAMILAN 36 MINGGU 2 HARI
HAMIL DENGAN LETAK LINTANG DAN ASMA DI PUSKESMAS PANDAK I**

No RM : XXX

Tanggal : 23 Februari 2026

S	Ny. D datang ke Puskesmas Pandak I pada tanggal 23 Februari 2026 untuk pemeriksaan kehamilan. Ibu tidak memiliki keluhan utama dan mengatakan kunjungan ini merupakan kunjungan ulang. Ibu ingin mengetahui kondisi kehamilannya saat ini. Ny. D merupakan G3P1AB1AH1 dengan usia kehamilan 36 minggu 2 hari. HPHT tanggal 14 Juni 2025 dan HPL tanggal 21 Maret 2026. Ibu mengatakan gerak janin aktif, dalam 12 jam terakhir lebih dari 10 kali. Nama : Ny. D Tn..Y Umur : 32 tahun 37 tahun Agama : Islam Islam Pendidikan : SLTA SLTA Pekerjaan : Karyawan Swasta Karyawan Swasta Suku/Bangsa : Jawa/INA Jawa/INA Alamat : Gesikan 03 RT 01, Wijirejo, Pandak 1. Riwayat Obstetri: a. Riwayat Haid HPHT : 14 Juni 2025 Menarche : 12 tahun Nyeri Haid : tidak ada Siklus : 28 hari Lama : 5-7 hari Warna darah : Merah Tua,flek-flek Leukhorea : Menjelang haid Banyaknya : saat haid ganti pembalut 3 – 4x sehari, b b. Riwayat Kehamilan
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1.	2015	Operasi SC	Perempuan	2.800 gram	a/i KPD
2.	2021	Abortus			
3.		Hamil Ini			
1. Riwayat Kesehatan Ibu mengatakan memiliki riwayat penyakit asma sejak kecil dan sampai saat ini masih menggunakan inhaler <i>Symbicort</i> sesuai anjuran dokter. Ibu tidak memiliki riwayat penyakit lain seperti hipertensi, diabetes mellitus, maupun penyakit menular seperti HIV/AIDS, TBC, dan hepatitis. Riwayat kesehatan keluarga tidak ditemukan penyakit menurun seperti hipertensi, diabetes, maupun penyakit menular. 2. Riwayat kontrasepsi Ny. D mengatakan pernah menjadi akseptor KB IUD tahun 2015 sampai dengan 2020 3. Pola nutrisi /makan Pola makan Ny. D sehari-hari tercatat 2–3 kali sehari dengan menu nasi, lauk-pauk, dan sayuran, serta minum air putih dan teh. Konsumsi susu atau kopi jarang dilakukan, dan asupan makanan sumber zat besi hewani serta buah-buahan juga terbatas. 4. Pola eliminasi BAB 1 kali sehari, BAK 6 – 7 kali sehari, tidak ada keluhan saat BAB atau pun BAK 5. Pola istirahat / tidur Tidur malam kurang lebih 7-8 jam, siang jarang istirahat. 6. Pola aktifitas Ny. D bekerja sebagai karyawan swasta dengan aktivitas ringan hingga sedang. 7. Personal hygiene Mandi 2 kali sehari, keramas 3 kali / minggu 8. Kebiasaan yang merugikan Kesehatan Suami Ny. D mempunyai kebiasaan merokok					

O	a. Pemeriksaan Ny. W Keadaan umum : Baik TB : 149 cm BB : 65,8 kg LILA : 28 cm IMT : 23,3 kg/m² Tekanan darah : 118/74 mmHg Nadi : 92 x / menit Suhu : 36.7⁰C Respirasi : 22 x / menit b. Pemeriksaan fisik Bentuk tubuh : Normal Wajah : segar Mata : konjungtiva merah muda, sklera putih Mulut : bibir merah muda, lembab tidak kering Abdomen : - Leopold 1 : Tidak teraba bagian bulat keras (kepala) atau lunak (bokong) di fundus uteri → fundus kosong - Leopold 2 : Teraba bagian keras, bulat (kepala) di sisi kanan abdomen ibu dan bagian lunak (bokong) di sisi kiri abdomen ibu - Leopold 3 : Bagian bawah uterus tidak teraba bagian janin yang jelas (tidak ada bagian yang masuk PAP) - Leopold 4 : Tidak dapat ditentukan bagian terbawah karena tidak ada bagian janin yang masuk panggul - TFU : 30 cm - DJJ : 140x/menit Ekstremitas : tidak ada odema c. Pemeriksaan penunjang laboratorium : Golongan Darah : O+ Hb : 13 g/dL GDS : 109 mg/dL HIV : NR
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	Sifilis : NR Hepatitis : NR
A	Ny. D usia 32 tahun G3P1AB1AH1 usia kehamilan 36 minggu 2 hari dengan janin tunggal hidup intrauterin, letak lintang disertai asma.
P	1. Menjelaskan hasil pemeriksaan kepada ibu bahwa kondisi umum baik, namun posisi janin dalam letak lintang sehingga tidak memungkinkan persalinan normal. Ibu memahami penjelasan. 2. Memberikan edukasi mengenai letak lintang dan risiko yang dapat terjadi serta perlunya persalinan secara sectio caesarea. Ibu mengerti. 3. Memberikan edukasi mengenai penyakit asma dalam kehamilan, pentingnya penggunaan inhaler secara teratur, serta menghindari faktor pencetus. Ibu bersedia mengikuti anjuran. 4. Menganjurkan ibu untuk memenuhi kebutuhan nutrisi seimbang dan istirahat cukup. 5. Mengedukasi ibu untuk memantau gerak janin setiap hari. 6. Memberikan informasi mengenai tanda bahaya kehamilan dan tanda persalinan. 7. Melakukan rujukan ke RS UII untuk penatalaksanaan lebih lanjut dan persiapan persalinan secara sectio caesarea. 8. Menganjurkan ibu untuk kontrol rutin dan segera datang ke fasilitas kesehatan apabila terdapat keluhan. 9. Seluruh tindakan, edukasi, dan rencana tindak lanjut telah didokumentasikan sesuai format asuhan kebidanan di Puskesmas Pandak I.

Pembimbing Akademik

Pembimbing Lahan

Mahasiswa

Sari Hastuti. S.ST.,MPH

Nila Titis P, S.ST

Quiny Sofwa G

b. Pengkajian kehamilan tanggal 28 Februari 2026

CATATAN PERKEMBANGAN
NY. D USIA 32 TAHUN G3P1AB1AH1 USIA KEHAMILAN 37 MINGGU
HARI HAMIL DENGAN LETAK LINTANG DAN ASMA

Tanggal : 28 Februari 2026

Tempat : Rumah Ny. D

S	Ibu mengatakan pada tanggal 27 Februari 2026 telah melakukan pemeriksaan di RS UII. Ibu menyampaikan bahwa hasil pemeriksaan menunjukkan kondisi ibu dan janin dalam keadaan baik. Ibu tidak mengeluhkan sesak napas maupun keluhan lain yang mengarah pada kekambuhan asma. Ibu juga mengatakan telah mendapatkan penjelasan dari dokter mengenai kondisi kehamilan dan rencana persalinan yang akan dilakukan secara <i>sectio caesarea</i> . Ibu merasa siap dan mendapat dukungan dari suami (Tn. A) serta keluarga.
O	Keadaan umum ibu baik USG (RS UII 27/02/2026) : Janin tunggal hidup intrauterin dengan usia kehamilan aterm. Presentasi janin dalam letak lintang. Hasil biometrik janin yaitu BPD $\pm 9,0$ cm, HC ± 32 cm, AC ± 31 cm, dan FL $\pm 7,2$ cm dengan taksiran berat janin ± 2500 gram. Denyut jantung janin ± 140 kali/menit dan indeks cairan ketuban dalam batas normal. Plasenta dalam posisi normal dan tidak menutupi jalan lahir. Tidak ditemukan kelainan pada janin.
A	Ny. D usia 32 tahun G3P1AB1AH1 dengan usia kehamilan 37 minggu 0 hari, janin tunggal hidup intrauterin dengan letak lintang disertai asma. Kehamilan termasuk risiko tinggi dengan indikasi persalinan secara <i>sectio caesarea</i> terencana.
P	Memberikan KIE kepada ibu mengenai kondisi letak lintang yang tidak memungkinkan persalinan pervaginam serta rencana tindakan <i>sectio caesarea</i> yang telah dijadwalkan pada tanggal 03 Maret 2026. Menganjurkan ibu untuk menjaga kondisi fisik dengan istirahat cukup dan mengonsumsi makanan bergizi seimbang. Mengingatkan ibu untuk tetap menggunakan inhaler Symbicort sesuai anjuran dokter serta menghindari faktor pencetus asma seperti debu, udara dingin, dan kelelahan.

	Memberikan edukasi tanda bahaya seperti sesak napas, nyeri perut hebat, atau penurunan gerak janin dan menganjurkan segera ke fasilitas kesehatan jika muncul keluhan tersebut. Memberikan edukasi terkait persiapan operasi meliputi kesiapan administrasi, perlengkapan ibu dan bayi, serta dukungan keluarga selama proses persalinan. Menganjurkan ibu untuk mempersiapkan mental menghadapi tindakan operasi dan tetap tenang. Suami (Tn. A) dan keluarga diharapkan terus memberikan dukungan selama proses persalinan.
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c. Pengkajian persalinan tanggal 04 Maret 2026

CATATAN PERKEMBANGAN
NY. D USIA 32 TAHUN P2A1 POST SECTIO CAESAREA DENGAN INDIKASI
LETAK LINTANG, RIWAYAT SC, DAN ASMA. IBU DALAM KONDISI STABIL
PASCA OPERASI. BAYI BARU LAHIR CUKUP BULAN DALAM KONDISI
NORMAL.

Tanggal : 04 Maret 2026

Tempat : Daring

S	Ibu menyampaikan bahwa telah menjalani persalinan secara sectio caesarea di RS UII pada tanggal 03 Maret 2026 pukul 18.51 WIB. Ibu mengatakan kondisi saat ini baik dan tidak terdapat keluhan seperti nyeri hebat, sesak napas, atau perdarahan berlebih. Ibu juga menyampaikan bahwa bayi lahir dalam kondisi baik, menangis segera setelah lahir, dan saat ini dalam perawatan bersama ibu.
O	1. Keadaan umum ibu baik 2. Persalinan dilakukan secara sectio caesarea di RS UII pada usia kehamilan 37 minggu 3 hari dengan indikasi letak lintang, riwayat sectio caesarea sebelumnya, serta disertai penyakit asma. Proses persalinan berlangsung dengan baik tanpa adanya komplikasi. Bayi lahir berjenis kelamin perempuan dengan berat badan lahir 2580 gram, panjang badan 45 cm, dan lingkar kepala 35 cm. Bayi lahir dalam kondisi hidup dan segera menangis setelah lahir, serta tidak ditemukan adanya kelainan. 3. Kondisi ibu setelah tindakan sectio caesarea dalam keadaan stabil dan tidak terdapat tanda-tanda komplikasi pasca operasi. Ibu juga mendapatkan perawatan sesuai standar di rumah sakit, yang menunjukkan bahwa penatalaksanaan persalinan telah dilakukan dengan baik sehingga mendukung luaran maternal dan neonatal yang optimal.
A	Ny. D usia 32 tahun P2A1 post sectio caesarea dengan indikasi letak lintang, riwayat SC, dan asma. Ibu dalam kondisi stabil pasca operasi. Bayi baru lahir cukup bulan dalam kondisi normal.
P	1. Memberikan KIE kepada ibu mengenai kondisi pasca sectio caesarea serta tanda bahaya yang perlu diwaspadai

	2. Menganjurkan ibu untuk istirahat cukup, melakukan mobilisasi dini secara bertahap, dan menjaga kebersihan luka operasi 3. Menganjurkan ibu mengonsumsi makanan bergizi tinggi protein untuk mempercepat penyembuhan luka 4. Memberikan edukasi pentingnya pemberian ASI dini dan eksklusif serta menganjurkan ibu menyusui bayi secara rutin 5. Menganjurkan ibu segera ke fasilitas kesehatan apabila terdapat keluhan atau tanda komplikasi 6. Memberikan dukungan psikologis serta melibatkan suami (Tn. A) dan keluarga dalam perawatan ibu dan bayi
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d. Pengkajian Bayi Baru Lahir tanggal 04 maret 2026

**CATATAN PERKEMBANGAN
BAYI NY. D USIA 0 HARI, BAYI BARU LAHIR CUKUP BULAN, HIDUP,
KONDISI NORMAL.**

Tanggal : 04 Maret 2026

Tempat : Daring

S	Ibu menyampaikan bahwa bayinya lahir pada tanggal 03 Maret 2026 pukul 18.51 WIB melalui tindakan sectio caesarea di RS UII. Ibu mengatakan bayi lahir menangis kuat, bergerak aktif, dan saat ini dalam kondisi baik tanpa keluhan. Ibu juga menyampaikan bahwa bayi telah mendapatkan perawatan awal di rumah sakit.
O	- Bayi lahir cukup bulan pada usia kehamilan 37 minggu 3 hari dengan jenis kelamin perempuan. Segera setelah lahir bayi menangis kuat, tonus otot baik, dan warna kulit kemerahan. Air ketuban jernih dan tidak terdapat tanda gawat janin. Bayi mendapatkan perawatan awal berupa pengeringan, penghangatan, dan pembersihan jalan napas bila diperlukan. Bayi tidak dilakukan Inisiasi Menyusu Dini (IMD) dan langsung mendapatkan penanganan lanjutan. - Hasil pemeriksaan antropometri menunjukkan berat badan lahir 2580 gram, panjang badan 45 cm, dan lingkar kepala 35 cm. Pemeriksaan fisik bayi dalam batas normal dengan frekuensi napas, denyut jantung, dan suhu tubuh dalam batas normal. Tidak ditemukan kelainan kongenital maupun tanda bahaya. Bayi baru lahir usia ± 1 jam dalam kondisi normal dan telah mendapatkan perawatan sesuai standar.
A	Bayi Ny. D usia 0 hari, bayi baru lahir cukup bulan, hidup, kondisi normal.
P	- Memberikan KIE kepada ibu mengenai kondisi bayi dalam keadaan normal - Menjelaskan pentingnya menjaga kehangatan bayi dan perawatan bayi baru lahir - Memberikan edukasi tentang pemberian ASI eksklusif dan menyusui secara rutin

	4. Menjelaskan tindakan yang telah diberikan pada bayi (salep mata, vitamin K, dan imunisasi HB-0) 5. Mengedukasi tanda bahaya pada bayi baru lahir (tidak mau menyusu, demam, sesak napas, kejang) 6. Menganjurkan ibu segera ke fasilitas kesehatan jika terdapat keluhan 7. Melibatkan keluarga dalam perawatan bayi dan memberikan dukungan kepada ibu
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e. Pengkajian Masa Neonatus

Tanggal	S	O	A	P
05 Maret 2026 (Daring)	Ibu mengatakan masih merasakan nyeri pada luka bekas operasi sectio caesarea, namun masih dalam batas wajar dan dapat ditoleransi. Ibu sudah dapat duduk dan berjalan perlahan serta melakukan aktivitas ringan. Pola makan baik, istirahat cukup, dan ibu menyusui setiap 2–3 jam meskipun ASI belum banyak. Ibu dan keluarga menerima kondisi dengan baik dan memberikan dukungan.	Kondisi umum ibu baik. Tanda vital dalam batas normal. Uterus berkontraksi baik dengan TFU $\pm 2-3$ jari di bawah pusat. Pengeluaran lochia rubra dalam batas normal. Luka operasi dalam proses penyembuhan dan tidak terdapat tanda infeksi.	Ny. D usia 32 tahun P2AB1AH2 post sectio caesarea hari ke-2 dengan nifas normal.	1. Memberikan KIE tentang nutrisi tinggi protein untuk penyembuhan luka 2. Menganjurkan mobilisasi dini dan istirahat cukup 3. Edukasi perawatan luka dan personal hygiene 4. Edukasi tanda bahaya nifas 5. Anjurkan minum obat sesuai resep dan kontrol ulang 6. Edukasi menjaga kondisi asma dan hindari pencetus
10 Maret 2026 (Daring)	Ibu mengatakan kondisi membaik, nyeri luka berkurang, dan sudah mampu melakukan aktivitas ringan secara mandiri. Ibu tidak mengalami sesak napas. Pola makan baik, ASI sudah lancar, dan ibu menyusui secara rutin. Dukungan keluarga baik.	Kondisi umum ibu baik. Luka operasi kering tanpa tanda infeksi. Lochia berubah menjadi sanguinolenta dan jumlah berkurang. Tidak terdapat demam atau perdarahan abnormal.	Ny. D usia 32 tahun P2A1 post sectio caesarea hari ke-7 dengan nifas normal.	1. Anjurkan nutrisi seimbang tinggi protein 2. Edukasi kebersihan diri dan luka 3. Motivasi ASI eksklusif 4. Edukasi tanda bahaya nifas 5. Anjurkan kontrol sesuai jadwal 6. Edukasi kontrol asma dan hindari pencetus

15 Maret 2026 (Rumah Ny.D)	Ibu mengatakan kondisi semakin membaik dan tidak ada nyeri berarti. Ibu sudah dapat melakukan aktivitas sehari-hari secara mandiri. Tidak ada keluhan sesak napas. ASI lancar dan bayi menyusu dengan baik.	Kondisi umum baik. Luka operasi kering dan tidak terdapat tanda infeksi. Lokia serosa dengan jumlah sedikit. Tidak terdapat tanda bahaya nifas.	Ny. D usia 32 tahun P2A1 post sectio caesarea hari ke-12 dengan nifas normal.	1. Anjurkan mempertahankan nutrisi seimbang 2. Edukasi kebersihan diri dan aktivitas bertahap 3. Motivasi ASI eksklusif 4. Edukasi tanda bahaya nifas 5. Anjurkan kontrol lanjutan 6. Edukasi menjaga kondisi asma
12 April 2026 (Rumah Ny.D)	Ibu mengatakan kondisi sudah pulih, tidak ada keluhan, dan dapat beraktivitas normal. Ibu tidak mengalami sesak napas. ASI lancar dan bayi sehat. Dukungan keluarga baik.	Kondisi umum ibu baik. Luka operasi sudah sembuh. Lokia sudah berhenti (alba). Tidak terdapat tanda bahaya nifas.	Ny. D usia 32 tahun P2AB1AH2 post sectio caesarea hari ke-40 dengan nifas normal, masa nifas fisiologis selesai.	1. Edukasi mempertahankan pola hidup sehat 2. Anjurkan melanjutkan ASI eksklusif 3. Edukasi perawatan diri dan kesehatan reproduksi 4. Konseling KB (IUD pasca salin) 5. Edukasi kontrol asma 6. Anjurkan pemeriksaan kesehatan berkala

f. Pengkajin Masa Neonatis

Tanggal	S	O	A	P
05 Maret 2026 (Daring)	Ibu mengatakan bayi lahir pada tanggal 03 Maret 2026 pukul 18.51 WIB melalui sectio caesarea dan sejak lahir dalam kondisi baik. Bayi sudah BAK beberapa kali dan BAB 1–2 kali. Bayi menyusu setiap 2–3 jam meskipun ASI belum banyak. Bayi tampak aktif dan tidak rewel.	Bayi dalam kondisi umum baik. Tidak terdapat tanda bahaya seperti sesak napas, sianosis, atau ikterus. Suhu tubuh dalam batas normal dan bayi tampak hangat. Tali pusat masih basah dan belum lepas.	Bayi Ny. D usia 2 hari, neonatus normal.	1. Edukasi menyusui setiap 2–3 jam dengan teknik yang benar 2. Edukasi menjaga kehangatan bayi 3. Edukasi perawatan tali pusat (bersih dan kering) 4. Edukasi tanda bahaya neonatus 5. Anjurkan ke fasilitas kesehatan jika ada keluhan
10 Maret 2026 (Daring)	Ibu mengatakan bayi dalam kondisi sehat, aktif, dan tidak rewel. Bayi menyusu setiap 2–3 jam dengan hisapan kuat. ASI sudah lancar. Bayi BAK >6 kali/hari dan BAB 1–2 kali. Tali pusat sudah lepas pada hari ke-6 dan saat ini kering.	Kondisi umum bayi baik. Tidak terdapat tanda bahaya seperti demam, sesak napas, atau sianosis. Bekas tali pusat kering dan tidak terdapat tanda infeksi.	Bayi Ny. D usia 7 hari, neonatus normal.	1. Anjurkan ASI eksklusif secara rutin (on demand) 2. Edukasi perawatan tali pusat setelah lepas 3. Edukasi kebersihan bayi 4. Edukasi tanda bahaya neonatus 5. Anjurkan kontrol sesuai jadwal
15 Maret 2026 (Rumah Ny.D)	Ibu mengatakan bayi sehat, aktif, dan tidak rewel. Bayi menyusu ASI eksklusif setiap 2–3 jam dengan hisapan kuat. BAK >6 kali/hari dan BAB 1–2 kali. Pola tidur cukup.	Kondisi umum bayi baik. Suhu normal, napas teratur, dan warna kulit kemerahan. Tali pusat sudah lepas dan kering tanpa tanda infeksi. Tidak ditemukan kelainan fisik.	Bayi Ny. D usia 12 hari, neonatus normal..	1. Anjurkan melanjutkan ASI eksklusif hingga 6 bulan 2. Edukasi perawatan bayi sehari-hari 3. Edukasi tanda bahaya neonatus 4. Anjurkan imunisasi sesuai jadwal (BCG & Polio 1)

				5. Anjurkan ke fasilitas kesehatan jika ada keluhan. Edukasi menjaga kondisi asma
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g. Pengkajian Keluarga Berencana KB

**CATATAN PERKEMBANGAN
NY. D USIA 32 TAHUN P2A1 AKSEPTOR KB IUD PASCA SALIN
DENGAN KONDISI NORMAL**

Tanggal : 12 April 2026

Tempat : Rumah Ny. D

S	Ibu mengatakan saat ini masih menyusui bayinya secara eksklusif dan belum mendapatkan menstruasi setelah persalinan. Ibu menyampaikan bahwa setelah persalinan secara sectio caesarea telah dilakukan pemasangan alat kontrasepsi dalam rahim (AKDR/IUD) oleh dokter. Saat ini ibu belum aktif berhubungan seksual dengan suami (Tn. A). Ibu memiliki riwayat penggunaan KB IUD sejak tahun 2015 hingga tahun 2020 dan tidak mengalami keluhan selama penggunaan. Ibu merasa cocok dengan metode tersebut sehingga memutuskan kembali menggunakan IUD. Ibu dan suami telah sepakat dalam pemilihan metode kontrasepsi. Ibu tidak memiliki riwayat penyakit seperti hipertensi, jantung, kanker, atau infeksi organ reproduksi serta tidak terdapat keluhan seperti nyeri perut bawah, perdarahan abnormal, atau keputihan patologis.
O	Kondisi umum ibu baik. Tidak terdapat keluhan yang mengarah pada komplikasi penggunaan IUD. Tidak terdapat tanda infeksi, nyeri perut, atau perdarahan abnormal. Data objektif terbatas karena pengkajian dilakukan melalui kunjungan rumah dan wawancara.
A	Ny. D usia 32 tahun P2A1 akseptor KB IUD pasca salin dengan kondisi normal
P	1. Memberikan KIE mengenai cara kerja IUD sebagai kontrasepsi jangka panjang 2. Menjelaskan keuntungan IUD (efektif, tidak mengganggu ASI, tidak perlu kepatuhan harian) 3. Edukasi efek samping awal (nyeri ringan, perdarahan bercak) 4. Anjurkan pemeriksaan benang IUD secara berkala 5. Edukasi tanda bahaya (nyeri hebat, perdarahan banyak, tanda infeksi) 6. Anjurkan segera ke fasilitas kesehatan jika ada keluhan 7. Motivasi ibu melanjutkan ASI eksklusif 8. Libatkan suami (Tn. A) dalam dukungan penggunaan KB

Lampiran 2 *Informed Consent*

INFORMED CONSENT (SURAT PERSETUJUAN)

Yang bertanda tangan di bawah ini:

Nama : Dian Sukma Sweri

Tempat/ Tanggal lahir ; Bantul/ 06 Mei 1994

Alamat : Gesikan 03 RT 01, Wijirejo, Pandak

Bersama ini menyatakan kesediaan sebagai subjek dalam praktik Continuity of Care (COC) pada mahasiswa Prodi Pendidikan Profesi Bidan T.A. 2023/2024.

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

Yogyakarta, 23 Februari 2026

Mahasiswa

Quiny Sofwa G

Klien

Dian Sukma S

Lampiran 3 Surat Keterangan

SURAT KETERANGAN

Nama Pembimbing Klinik : Nila Titis P, S.ST
Instansi : Puskesmas Pandak I

Dengan ini menerangkan bahwa :

Nama Mahasiswa : Quiny Sofwa Gunalisha
NIM : P71243125082
Prodi : Pendidikan Profesi Bidan
Jurusan : Kebidanan Poltekkes Kemenkes Yogyakarta

Telah selesai melakukan asuhan kebidanan berkesinambungan dalam
rangkapraktik kebidanan holistik *Continuity of Care* (COC)
Asuhan dilaksanakan pada tanggal 23 Februari 2026 sampai dengan 12 April 2026

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Complex interplays: Asthma management and maternal-fetal outcomes in pregnancy (Review)

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Abstract. Asthma, a common chronic respiratory condition, poses unique challenges in pregnancy, impacting both maternal and fetal health. Of note, 8-13% of pregnant women suffer from asthma, a condition that can worsen, stabilize, or improve during pregnancy. These fluctuations necessitate a nuanced management strategy to ensure the health of both the mother and fetus. Adverse outcomes, such as preeclampsia, gestational diabetes and increased cesarean delivery rates are associated with poorly controlled asthma. From a fetal perspective, the risks include preterm birth and a low birth weight. Physiological changes in pregnancy, such as an increased tidal volume and altered drug metabolism due to increased blood volume, complicate the management of asthma. The safety of asthma medications during pregnancy remains a significant concern, with ongoing research into their teratogenic effects. Recent advancements in treatment include the development of biologics and the increased use of personalized medicine, integrating pharmacogenomics and immunological profiling to tailor treatments to individual needs. Digital health tools have also emerged, enabling improved patient monitoring and management. The present review highlights the complex interplay between asthma management and pregnancy outcomes, advocating for comprehensive care approaches that consider the dynamic physiological changes during pregnancy. It underscores the need for ongoing research into the safety of medication and innovative therapeutic strategies to improve health outcomes for pregnant women with asthma and their babies.

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1. Introduction
2. Physiological changes that occur during pregnancy
3. Medication safety and treatment strategies
4. Implications for maternal and fetal health
5. Recommendations and future directions
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1. Introduction

Asthma is a common chronic respiratory condition marked by inflammation of the airways, the reversible obstruction of airflow and an increased sensitivity of the bronchi (1). This disease affects millions of individuals globally, markedly affecting their quality of life (QoL) and placing a substantial burden on healthcare systems. According to the Centers for Disease Control and Prevention (CDC), asthma affects ~25 million Americans, which translates to ~1 in 13 individuals (2). Globally, the prevalence of asthma varies; however, it remains a critical public health challenge (3).

In pregnant women, the prevalence of asthma is noteworthy, affecting 8-13% of pregnancies (4). Pregnancy can alter the course of asthma, with approximately one-third of pregnant women experiencing more severe symptoms, one-third remaining stable and one-third observing an improvement in their asthma condition (5). This variability introduces significant challenges in the management of asthma during pregnancy, necessitating a nuanced approach to treatment that considers both maternal and fetal health. Multiple factors compound the management of asthma in pregnancy, increasing both maternal and fetal risks (6,7). These risks underscore the importance of optimal asthma management during pregnancy.

The physiological changes that occur during pregnancy, such as the increased tidal volume and decreased functional residual capacity, can complicate the standard asthma treatment protocols (8). Furthermore, the safety of various asthma medications during pregnancy continues to be a pivotal concern, with ongoing research focusing on understanding the teratogenic effects of traditional and newer asthma medications (6).

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Key words: asthma in pregnancy, maternal-fetal health, medication safety, physiological changes, treatment advances

RESEARCH ARTICLE

Fetal malposition in labour and health outcomes for women and their newborn infants: A retrospective cohort study

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Abstract

Introduction

Occiput-posterior (OP) or occiput-transverse (OT) fetal malposition has a prevalence of 33–58% in the first-stage of labour with 12–22% persisting until delivery. Malposition is associated with significant maternal and neonatal morbidity. Most previous studies report the incidence and adverse maternal and fetal outcomes of persistent fetal malposition in the second stage of labour and do not include outcomes that may be present in the first stage of labour.

Aims

To assess the incidence and health outcomes for women and their newborn infants of a fetal malposition in the first or second stage of labour.

Materials and methods

A retrospective cohort study of 738 maternity records (randomly selected) from a tertiary hospital in New Zealand. Maternal and neonatal characteristics are described. Outcomes for women with a fetus in an OP or OT position in labour are compared to those for women with a fetus in an occiput-anterior position (OA).

Results

499 (68%) women had an OP/OT positioned fetus and 239 (32%) had an OA positioned fetus on vaginal examination in labour. Women had similar characteristics except a body mass index ≥ 30 kg/m² was more common in the OP/OT group. Fetal malposition appears to be more likely in women with a right-sided fetal occiput. Three quarters of OP/OT fetuses rotated anteriorly by birth. Fetal malposition compared to no malposition was associated with oxytocin augmentation, epidural use, a longer first stage of labour, fewer normal vaginal births, and more caesarean sections. Fetal malposition during labour was not associated with adverse neonatal outcomes.

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Obstetric Complications, Neonatal Morbidity, and Indications for Cesarean Delivery by Maternal Age

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Abstract

OBJECTIVE—To delineate adverse obstetric and neonatal outcomes as well as indications for cesarean delivery by maternal age in a contemporaneous large national cohort.

METHODS—This was a retrospective analysis of electronic medical records from 12 centers and 203,517 (30,673 women aged 35 years or older) women with singleton gestations stratified by maternal age. Logistic regression was performed to investigate maternal and neonatal outcomes for each maternal age strata (referent group, age 25.0–29.9 years), adjusting for race, parity, body mass index, insurance, pre-existing medical conditions, substance and tobacco use, and site. Documented indications for cesarean delivery were analyzed.

RESULTS—Neonates born to women aged 25.0–29.9 years had the lowest risk of birth weight less than 2,500 g (7.2%; $P<.001$), admission to neonatal intensive care unit (11.5%; $P<.001$), and perinatal mortality (0.7%; $P<.001$). Hypertensive disorders of pregnancy were higher in women aged 35 years or older (cumulative rate 8.5% compared with 7.8%; 25.0–29.9 years; $P<.001$). Previous uterine scar was the leading indication for cesarean delivery in women aged 25.0 years or older (36.9%; $P<.001$). For younger women, failure to progress or cephalopelvic disproportion (37.0% for those younger than age 20.0 years and 31.1% for those aged 20.0–24.9-years; $P<.001$) and nonreassuring fetal heart tracing (28.7% for those younger than 20.0 years and 21.2% for those aged 20.0–24.9-years; $P<.001$) predominated as indications. Truly elective cesarean delivery rate was 20.2% for women aged 45.0 years or older (adjusted odds ratio 1.85 [99% confidence interval 1.03–3.32] compared with the referent age group of 25.0–29.9 years).

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For a list of institutions involved in the Consortium on Safe Labor, see the Appendix online at <http://links.lww.com/AOG/A448>.

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REVIEW

Open Access

Neonatal resuscitation and immediate newborn assessment and stimulation for the prevention of neonatal deaths: a systematic review, meta-analysis and Delphi estimation of mortality effect

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Abstract

Background: Of 136 million babies born annually, around 10 million require assistance to breathe. Each year 814,000 neonatal deaths result from intrapartum-related events in term babies (previously "birth asphyxia") and 1.03 million from complications of prematurity. No systematic assessment of mortality reduction from tactile stimulation or resuscitation has been published.

Objective: To estimate the mortality effect of immediate newborn assessment and stimulation, and basic resuscitation on neonatal deaths due to term intrapartum-related events or preterm birth, for facility and home births.

Methods: We conducted systematic reviews for studies reporting relevant mortality or morbidity outcomes. Evidence was assessed using GRADE criteria adapted to provide a systematic approach to mortality effect estimates for the Lives Saved Tool (LST). Meta-analysis was performed if appropriate. For interventions with low quality evidence but strong recommendation for implementation, a Delphi panel was convened to estimate effect size.

Results: We identified 24 studies of neonatal resuscitation reporting mortality outcomes (20 observational, 2 quasi-experimental, 2 cluster randomized controlled trials), but none of immediate newborn assessment and stimulation alone. A meta-analysis of three facility-based studies examined the effect of resuscitation training on intrapartum-related neonatal deaths (RR= 0.70, 95%CI 0.59-0.84); this estimate was used for the effect of facility-based basic neonatal resuscitation (additional to stimulation). The evidence for preterm mortality effect was low quality and thus expert opinion was sought. In community-based studies, resuscitation training was part of packages with multiple concurrent interventions, and/or studies did not distinguish term intrapartum-related from preterm deaths, hence no meta-analysis was conducted. Our Delphi panel of 18 experts estimated that immediate newborn assessment and stimulation would reduce both intrapartum-related and preterm deaths by 10%, facility-based resuscitation would prevent a further 10% of preterm deaths, and community-based resuscitation would prevent further 20% of intrapartum-related and 5% of preterm deaths.

Conclusion: Neonatal resuscitation training in facilities reduces term intrapartum-related deaths by 30%. Yet, coverage of this intervention remains low in countries where most neonatal deaths occur and is a missed opportunity to save lives. Expert opinion supports smaller effects of neonatal resuscitation on preterm mortality in facilities and of basic resuscitation and newborn assessment and stimulation at community level. Further evaluation is required for impact, cost and implementation strategies in various contexts.

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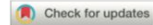
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Guidelines for postoperative care in cesarean delivery: Enhanced Recovery After Surgery Society recommendations (part 3)—2025 update



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Enhanced Recovery After Cesarean Delivery (ERAC) protocols include evidence-based interventions designed to improve maternal and neonatal outcomes and patient experiences while reducing healthcare-related costs. This is the first update to the Enhanced Recovery After Surgery Society guidelines for postoperative care in cesarean delivery published in 2019. Interventions were selected based on expert consensus. An updated literature search was performed in September 2024 using Embase, PubMed, MEDLINE, EBSCO CINAHL, Scopus, and Web of Science databases. Targeted searches were performed by a medical librarian to identify relevant articles published since the 2019 Enhanced Recovery After Surgery Society guidelines publication, which evaluated each postoperative Enhanced Recovery After Cesarean Delivery intervention, focusing on randomized clinical trials and large observational studies (≥ 800 patients) to maximize search feasibility and relevance. After a review of the evidence, a consensus was reached regarding the quality of evidence and the strength of recommendation for each proposed intervention according to the Grading of Recommendations, Assessment, Development, and Evaluation system. The 13 recommended Enhanced Recovery After Cesarean Delivery interventions were (1) early drinking and feeding (low evidence, strong recommendation), (2) early discontinuation of intravenous fluid (very low evidence, strong recommendation), (3) early mobilization and ambulation (low evidence, strong recommendation), (4) early removal of urinary catheter (low evidence, strong recommendation), (5) scheduled acetaminophen (moderate evidence, strong recommendation), (6) scheduled nonsteroidal anti-inflammatory drugs (high evidence, strong recommendation), (7) oral rescue opioids (low evidence, strong recommendation), (8) standardized rescue medication protocol for side effects (low to moderate evidence, strong recommendation), (9) venous thromboembolism prophylaxis (low evidence, strong recommendation), (10) anemia remediation (moderate evidence, strong recommendation), (11) breastfeeding support and education (low evidence, strong recommendation), (12) promotion of rest periods (low evidence, strong recommendation), and (13) facilitate patient-centered transition to discharge (low evidence, strong recommendation). The 13 recommended postoperative interventions should be considered in the absence of contraindications in patients undergoing cesarean delivery to optimize maternal recovery and outcomes.

Key words: cesarean delivery, postnatal care, postoperative care, postpartum care, protocol adherence, quality, safety, scheduled, unscheduled

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Original Article

Exclusive breastfeeding: Impact on infant health

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SUMMARY

Background: Exclusive breastfeeding (EBF) is associated with numerous health benefits for infants. However, there are still significant barriers to EBF in many regions, particularly in low-resource settings where cultural and socioeconomic factors may impact breastfeeding practices.

Aims: This study aimed to investigate the impact of EBF on infant health outcomes.

Methods: A non-random sample of 150 mothers and their infants was selected for this study, with infants ranging in age from birth to one year old. The study was conducted from December 2021 to December 2022. The data were collected through interviews and clinical examinations of infants.

Results: Our findings suggest that EBF has a significant positive impact on infant health outcomes. Infants who were exclusively breastfed had a lower incidence of illnesses such as diarrhea, otitis media, urinary tract infections, allergic diseases, pneumonia, and protein energy malnutrition compared with non-EBF infants. No significant differences were observed in the incidence of anemia, fever, or hospitalizations between the two groups.

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Utilisation, effectiveness, and safety of immediate postpartum intrauterine device insertion: a systematic literature review

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ABSTRACT

Background Intrauterine devices (IUDs) are highly effective contraception. IUDs inserted directly following delivery provide immediate birth control and may decrease unintended pregnancies, including short-interval pregnancies, thereby mitigating health risks and associated economic burden.

Methods This systematic literature review included published global data on the utilisation, effectiveness, and safety of postpartum intrauterine devices (PPIUDs) of any type. English language articles indexed in MEDLINE, Embase, and Cochrane from January 2010–October 2021 were included.

Results 133 articles met the inclusion criteria (46% interventional studies; 54% observational; n=87 from lower-income countries; n=46 from higher-income countries). PPIUD use was low in higher-income countries (6/10 000 US deliveries in 2013–2016) and varied widely in lower-income countries (2%–46%). Across both higher- and lower-income countries, in most studies (79%), >80% of women with PPIUDs had an IUD in place by 3 months; at 6 and 12 months, 76% and 54% of included studies reported that >80% of women had an IUD in place; reason for discontinuation was infrequently reported. Pregnancies were rare (96 pregnancies across 12 191 women from 37 studies reporting data) and were generally unrelated to device failure, but rather occurred in women no longer using a PPIUD. Expulsions occurred mainly in the early outpatient period and ranged widely (within 3 months: 0–41%). Abnormal bleeding, infections, or perforations were rare.

Conclusions PPIUDs are safe and effective. Long-term follow-up data are limited. Future research elucidating reasons underlying lack of PPIUD use is warranted.

WHAT IS ALREADY KNOWN ON THIS TOPIC

- ⇒ Intrauterine devices (IUDs) inserted early postpartum provide the advantage of immediate contraception.
- ⇒ Immediate postpartum contraception may decrease unintended pregnancies and short-interval pregnancies, potentially lessening both economic burden and poor maternal and infant health outcomes.

WHAT THIS STUDY ADDS

- ⇒ This systematic literature review suggests that early postpartum IUD use is effective and safe, but it is an underutilised contraceptive method in both higher- and lower-income countries.

HOW THIS STUDY MIGHT AFFECT RESEARCH, PRACTICE OR POLICY

- ⇒ Studies to further the understanding of reasons for low utilisation are warranted.

INTRODUCTION

Unintended pregnancy (UIP)^{1 2} rates have declined over the past three decades, decreasing from 79 pregnancies per 1000 women of reproductive age worldwide from 1990 to 1994 to 64 per 1000 women from 2015 to 2019.³ Still, approximately 121 million UIPs occur annually,³ accounting for over half of all yearly pregnancies globally.⁴ UIPs are associated with substantive individual and societal economic burden^{5 6} and disproportionately occur in low-income countries and among women of colour within