LAMPIRAN

Lampiran 1 SOAP Hamil (Pendampingan 1)

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

Asuhan Kebidanan pada Ny. W Usia 27 Tahun G1P0Ab0Ah0 Umur Kehamilan 36 Minggu 4 Hari dengan ISK pada Kehamilan

Tanggal: 25 Februari 2026/Pukul 11.00 WIB

S : Tanggal 25 Februari 2026 dilakukan kunjungan ANC ke rumah Ny. W di wilayah kerja Puskesmas Galur II. Ibu berusia 27 tahun, menikah selama 1 tahun dan ini merupakan kehamilan pertama. Ibu mengatakan tidak ada keluhan. HPHT 13 Juni 2025 dan HPL 20 Maret 2026. Ibu tidak memiliki riwayat penyakit sistemik maupun keturunan. Aktivitas sehari-hari ibu yaitu memasak dan membersihkan rumah dengan pola makan cukup baik.

O : Keadaan umum baik, kesadaran compos mentis. TD 115/71 mmHg, nadi 94 x/menit, respirasi 20 x/menit dan suhu 36,6°C. TB 155 cm, BB sebelum hamil 49 kg dan BB saat ini 64,7 kg sehingga kenaikan berat badan selama hamil 15,7 kg, IMT 20,1 dan LILA 24,5 cm. Pemeriksaan fisik dalam batas normal dengan konjungtiva merah muda. Pemeriksaan obstetri didapatkan usia kehamilan 36 minggu 4 hari, TFU 28 cm, presentasi kepala sudah masuk PAP dan DJJ 136 x/menit. Hasil laboratorium tanggal 3 September 2025 Hb 13,2 gr%, HBsAg negatif, HIV negatif, sifilis negatif dan protein urine negatif. Hasil laboratorium tanggal 25 Februari 2026 didapatkan Hb 11,8 gr%, leukosit darah 11,6 ribu, protein urine negatif, leukosit urine 1+, sedimen urine leukosit 2+, eritrosit 1-2, epitel 2+, kristal dan bakteri urine negatif.

A : Ny. W usia 27 tahun G1P0AB0AH0 usia kehamilan 36 minggu 4 hari dengan infeksi saluran kemih trimester III

P :

1. Menjelaskan hasil pemeriksaan kepada ibu.
2. Memberikan KIE tentang ketidaknyamanan dan tanda bahaya trimester III.
3. Memberikan edukasi mengenai personal hygiene dan kebutuhan cairan untuk membantu mengurangi risiko ISK.

4. Menganjurkan ibu tidak menahan BAK dan menjaga kebersihan genetalia.
5. Memberikan KIE tanda persalinan dan persiapan persalinan.
6. Memberikan dukungan psikologis selama kehamilan.
7. Menganjurkan makan bergizi, istirahat cukup dan kontrol ulang 1 minggu lagi atau bila ada keluhan.

Pembimbing Akademik	Pembimbing Klinik	Mahasiswa
Bekti Sri Astuti, S.Tr.Keb,Bdn	Ana Kurniati, S.ST., M.Keb	Neriza Ega Salsadela

Lampiran 2 SOAP Hamil (Pendampingan ke-2)

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

Asuhan Kebidanan pada Ny. W Usia 27 Tahun G1P0Ab0Ah0 Umur Kehamilan 37 Minggu 6 Hari dengan ISK pada Kehamilan

Tanggal: 5 Maret 2026/Pukul 10.00 WIB

S : Tanggal 5 Maret 2026 dilakukan kunjungan rumah. Ibu mengatakan tidak ada keluhan. Ibu rutin melakukan ANC di bidan, puskesmas dan rumah sakit

O : Keadaan umum baik, kesadaran compos mentis. TD 101/63 mmHg, nadi 80 x/menit, respirasi 22 x/menit dan suhu 36,5°C. BB 65 kg. Pemeriksaan obstetri didapatkan usia kehamilan 37 minggu 6 hari, TFU 29 cm, presentasi kepala dan DJJ 136 x/menit..

A : Ny. W usia 27 tahun G1P0AB0AH0 usia kehamilan 37 minggu 6 hari dengan kehamilan trimester III dan riwayat infeksi saluran kemih

P :

1. Menjelaskan hasil pemeriksaan kepada ibu.
2. Memberikan edukasi tanda persalinan dan kapan harus ke fasilitas kesehatan.
3. Memberikan KIE persiapan persalinan dan KB pasca persalinan.
4. Menganjurkan ibu menjaga personal hygiene dan memenuhi kebutuhan cairan.
5. Menganjurkan ibu tetap menjaga nutrisi dan istirahat cukup.
6. Menganjurkan segera ke fasilitas kesehatan bila kontraksi teratur, keluar lendir darah atau ketuban pecah

Pembimbing Akademik	Pembimbing Klinik	Mahasiswa
Bekti Sri Astuti, S.Tr.Keb,Bdn	Ana Kurniati, S.ST., M.Keb	Neriza Ega Salsadela

Lampiran 3 SOAP Bersalin (Pendampingan ke-3)

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

Asuhan Kebidanan pada Ny. W Usia 27 Tahun G1P0Ab0Ah0 Umur Kehamilan 40 Minggu 1 Hari dengan Kehamilan Normal

Tanggal: 20 Maret 2026/Pukul 19.00 WIB

S : Tanggal 19 Maret 2026 ibu mengeluh kontraksi hilang timbul. Pada tanggal 20 Maret 2026 kontraksi semakin sering namun belum teratur. Tanggal 21 Maret 2026 pukul 02.30 WIB ibu mengatakan kontraksi semakin kuat dan keluar lendir darah sehingga datang ke Puskesmas Galur II.

O : Keadaan umum baik, kesadaran compos mentis. Pemeriksaan menunjukkan kontraksi adekuat dengan pengeluaran lendir darah dan pembukaan serviks 5 cm sehingga ibu dalam kala I fase aktif. Pukul 06.00 WIB ketuban pecah spontan dengan air ketuban keruh dan pembukaan lengkap. Pukul 07.10 WIB bayi lahir spontan berjenis kelamin perempuan dengan BB 3095 gram, PB 48 cm, LK 33 cm dan LILA 11 cm. Bayi menangis kuat, bergerak aktif, kulit kemerahan dan dilakukan IMD. Pada ibu terdapat laserasi perineum derajat II dan dilakukan penjahitan

A : Ny. W usia 27 tahun G1P0AB0AH0 persalinan spontan dengan laserasi perineum derajat II dan bayi baru lahir normal, cukup bulan dan keadaan baik.

P : 1. Memberikan dukungan selama persalinan.
2. Melakukan pertolongan persalinan sesuai APN.
3. Melakukan observasi kemajuan persalinan.
4. Melakukan IMD dan observasi ibu serta bayi.
5. Melakukan penjahitan luka perineum.
6. Memberikan edukasi tanda bahaya nifas dan bayi baru lahir.

Pembimbing Akademik	Pembimbing Klinik	Mahasiswa
Bekti Sri Astuti, S.Tr.Keb,Bdn	Ana Kurniati, S.ST., M.Keb	Neriza Ega Salsadela

Lampiran 4 SOAP Nifas (Pendampingan ke-4)

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

Asuhan Kebidanan Ny. D umur 24 tahun P1A0Ah1 post partum spontan hari ke-7 dengan dengan keadaan baik

Tanggal: 26 Maret 2026/Pukul 14.30 WIB

S :Tanggal 26 Maret 2026 dilakukan kunjungan nifas hari ke-7. Ibu mengatakan masih sedikit nyeri pada luka jahitan.

O : Keadaan umum baik dan tanda vital normal. Konjungtiva merah muda dan sklera putih. Payudara simetris, puting menonjol, areola hiperpigmentasi dan ASI keluar lancar. TFU 3 jari di bawah pusat dengan kontraksi uterus baik. Jahitan perineum tampak baik dan tidak ada tanda infeksi. Lochea sanguinolenta berwarna merah kecoklatan dengan bau normal.

A : Ny. W usia 27 tahun P1A0 postpartum hari ke-7 dengan keadaan umum baik dan involusi normal

P :

1. Menjelaskan hasil pemeriksaan kepada ibu.
2. Memberikan edukasi perawatan luka jahitan.
3. Menganjurkan menjaga kebersihan genetalia dan makan tinggi protein.
4. Memberikan KIE tanda bahaya masa nifas.
5. Menganjurkan ibu menyusui sesering mungkin.

Pembimbing Akademik	Pembimbing Klinik	Mahasiswa
Bekti Sri Astuti, S.Tr.Keb,Bdn	Ana Kurniati, S.ST., M.Keb	Neriza Ega Salsadela

Lampiran 5 SOAP Nifas (Pendampingan ke-5)

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

Asuhan Kebidanan Ny. W umur 27 tahun P1A0Ah1 post partum spontan hari ke-14 dengan keadaan baik

Tanggal: 4 April 2026/Pukul 13.00 WIB

S : Tanggal 4 April 2026 dilakukan kunjungan nifas hari ke-14. Ibu mengatakan tidak ada keluhan dan ingin memberikan ASI eksklusif sampai usia bayi 6 bulan dan dilanjutkan hingga 2 tahun.

O : Keadaan umum baik, kesadaran compos mentis. TD 110/87 mmHg, nadi 80 x/menit, respirasi 22 x/menit dan suhu 36,2°C. Wajah tidak pucat dan tidak ada edema. Payudara simetris, puting menonjol dan ASI keluar lancar. TFU sudah tidak teraba, vulva bersih, tidak ada tanda infeksi dan lochea serosa. Ekstremitas tidak ada tromboemboli

A : Ny. W umur 27 tahun P1A0Ah1 post partum spontan hari ke-14 dengan dengan keadaan baik

P :

1. Menjelaskan hasil pemeriksaan kepada ibu.
2. Memberikan konseling teknik menyusui yang benar.
3. Memberikan edukasi nutrisi ibu menyusui.
4. Memberikan KIE tanda bahaya masa nifas.
5. Menganjurkan ibu menjaga kebersihan diri dan istirahat cukup

Pembimbing Akademik	Pembimbing Klinik	Mahasiswa
Bekti Sri Astuti, S.Tr.Keb,Bdn	Ana Kurniati, S.ST., M.Keb	Neriza Ega Salsadela

Lampiran 6 SOAP Neonatus 1

PRODI PENDIDIKAN PROFESI BIDAN

JURUSAN KEBIDANAN POLTEKKES KEMENKES YOGYAKARTA

Jalan Mangkuyudan MJ III/304 Yogyakarta 55143 Telp (0274) 374331

Asuhan Kebidanan By. Ny. W Usia 7 Hari, BBLC, CB, SMK

Tanggal: 28 Maret 2026/Pukul 10.30 WIB

S : Tanggal 28 Maret 2026 dilakukan kunjungan neonatus hari ke-7. Ibu mengatakan bayi dalam keadaan baik, tidak kuning, tidak demam dan menyusu kuat.

O : Keadaan umum bayi baik, kesadaran compos mentis. BB 2980 gram, PB 48 cm dan suhu 36,5°C. Tali pusat tampak kering dan tidak ada tanda infeksi. Bayi tampak aktif dan menyusu baik.

A : By. Ny. W Usia 7 Hari, BBLC, CB, SMK

P : 1. Menjelaskan hasil pemeriksaan kepada ibu.
2. Menganjurkan menyusui minimal setiap 2 jam sekali.
3. Menganjurkan menjemur bayi pagi hari pukul 07.00–09.00 WIB.
4. Memberikan edukasi menjaga kehangatan bayi dan tanda bahaya bayi baru lahir.

Pembimbing Akademik	Pembimbing Klinik	Mahasiswa
Bekti Sri Astuti, S.Tr.Keb,Bdn	Ana Kurniati, S.ST., M.Keb	Neriza Ega Salsadela

Lampiran 7 SOAP Neonatus 2

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

Asuhan Kebidanan By. Ny. W Usia 14 Hari, BBLC, CB, SMK

Tanggal: 4 April 2026/Pukul 13.00 WIB

S : Tanggal 4 April 2026 dilakukan kunjungan neonatus hari ke-14. Ibu mengatakan bayi dalam keadaan baik, tidak kuning dan tidak demam

O : Keadaan umum bayi baik, kesadaran compos mentis. BB 3150 gram, PB 48 cm dan suhu 36,5°C. Tali pusat sudah lepas dan tidak ada tanda infeksi. Bayi tampak aktif dan menyusu baik.

A : By. Ny. W Usia 14 Hari, BBLC, CB, SMK

P :

1. Menjelaskan hasil pemeriksaan kepada ibu.
2. Menganjurkan ibu tetap menyusui sesering mungkin.
3. Memberikan edukasi menjaga kehangatan bayi.
4. Mengingatkan jadwal imunisasi BCG.
5. Memberikan edukasi tanda bahaya bayi.

Pembimbing Akademik	Pembimbing Klinik	Mahasiswa
Bekti Sri Astuti, S.Tr.Keb,Bdn	Ana Kurniati, S.ST., M.Keb	Neriza Ega Salsadela

Lampiran 8 SOAP KB

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

Asuhan Kebidanan Ny. W umur 27 tahun P1A0Ah1 post partum Spontan dengan rencana KB Suntik 3 bulan

Tanggal: 4 April 2026/Pukul 13.00 WIB

S : Ny. W mengatakan ingin menggunakan KB hormonal yang aman untuk menyusui yaitu KB suntik progestin 3 bulanan.

O : Keadaan umum ibu baik, sedang dalam masa nifas dan menyusui serta tidak ada kontraindikasi penggunaan KB hormonal.

A : Ny. W umur 36 tahun P1A0A13 post partum Spontan Akseptor KB baru dengan rencana menggunakan KB suntik progestin 3 bulanan

P :

1. Memberikan KIE tentang KB suntik progestin 3 bulanan.
2. Menjelaskan keuntungan, efek samping dan efektivitas KB suntik.
3. Memberikan kesempatan ibu bertanya mengenai metode KB.
4. Menganjurkan kontrol sesuai jadwal pelayanan KB

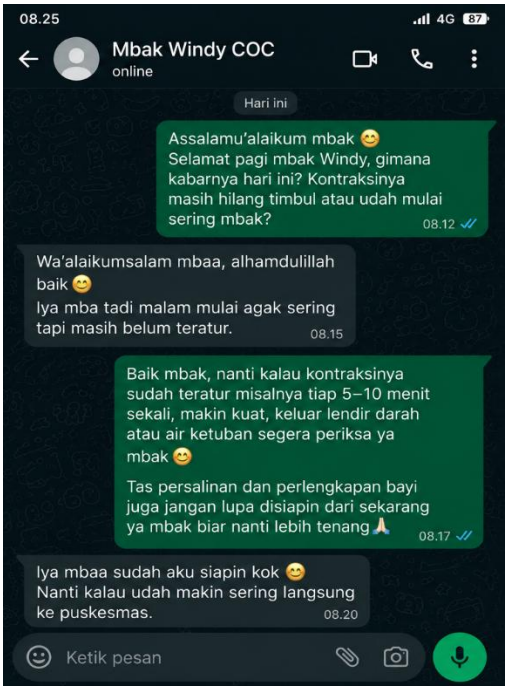
Pembimbing Akademik	Pembimbing Klinik	Mahasiswa
Bekti Sri Astuti, S.Tr.Keb,Bdn	Ana Kurniati, S.ST., M.Keb	Neriza Ega Salsadela

Lampiran 9 Dokumentasi

<table>
<tr>
<td>Kunjungan ANC 1

  </td>
<td>Kunjungan ANC 2

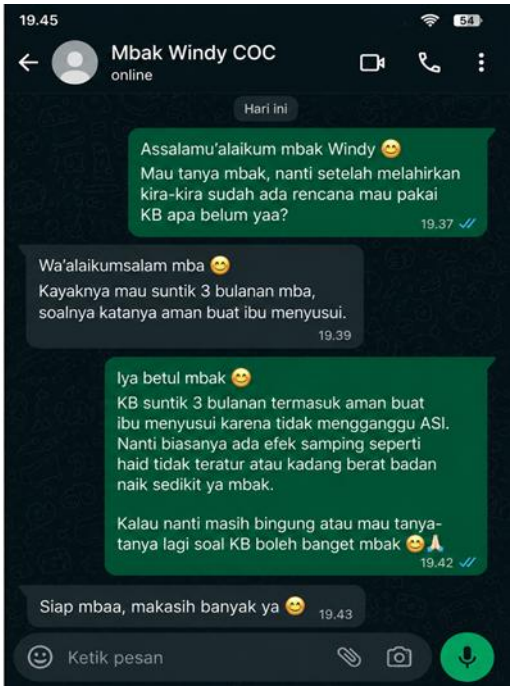
  </td>
</tr>
<tr>
<td>Follow up Persalinan

 
</td>
<td>Kunjungan Nifas dan Neonatus hari ke-7

  </td>
</tr>
</table>

Kunjungan Nifas dan Neonatus hari ke-7	Kunjungan Nifas dan Neonatus hari ke-14
	

Follow up rencana KB



Lampiran Surat keterangan selesai melaksanakan asuhan berkesinambungan

SURAT KETERANGAN

Yang bertanda tangan di bawah ini:

Nama Pembimbing Klinik : Bekti Sri Astuti, S.Tr.Keb., Bdn.

Instansi : Puskesmas Galur II

Dengan ini menerangkan bahwa:

Nama Mahasiswa : Neriza Ega Salsadela

NIM : P71243125047

Prodi : Pendidikan Profesi Bidan

Jurusan : Kebidanan Poltekkes Kemenkes Yogyakarta

Telah selesai melakukan asuhan kebidanan berkesinambungan Continuity of Care (COC). Asuhan dilaksanakan pada tanggal 25 Februari 2026 sampai dengan 4 April 2026. Judul Asuhan Berkesinambungan Pada Ny.W Usia 27 Tahun G1P0A0 UK 36 minggu 4 hari dengan Infeksi Saluran Kemih (ISK) di Puskesmas Galur II.

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

Yogyakarta, Mei 2026

Bidan (Pembimbing Klinik)

Bekti Sri Astuti, S.Tr.Keb., Bdn

NIP . 197622251995032001

Lampiran *Inform Consent*

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

Yang bertanda tangan di bawah ini:

Nama : Windy Adiningrum

Tempat/Tanggal Lahir : Kulon Progo, 6 Januari 1999

Alamat : Bunder Wetan, Banaran, Galur, KP.

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, 1 Maret 2026

Mahasiswa	Klien
Hurrea Ega Salsadela	(Windy Adiningrum)

Lampiran Jurnal

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BMC Health Services Research

RESEARCH Open Access

Water intake and recurrent urinary tract infections prevention: economic impact analysis in seven countries

Juliane Zemdegs[1†], Alison Iroz[1†], Mariacristina Vecchio[1], Stephane Roze[2] and Yair Lotan[3*]

Abstract

Background To estimate the economic impact of preventing urinary tract infections (UTI) by increasing water intake among women with recurrent UTI and low fluid intake across seven countries: France, United Kingdom, Spain, United States of America, Mexico, China and Australia.

Methods A Markov model was developed to compare costs and outcomes of UTIs associated with low fluid intake in women versus a strategy of primary prevention by increasing water intake. Model inputs were based on randomized controlled trial data which found that increasing water intake by 1.5 L/day decreased the risk of developing cystitis by 48% in women with low fluid intake and recurrent UTI. A time horizon of 10 years was used; outcomes were from the payer perspective and included both direct and indirect costs, reported in 2019 United States dollars ($). Discounting rates varied by country. Scenarios of increasing levels of compliance to the increased water intake strategy were evaluated.

Results The total cost of one UTI episode, including diagnostics, treatment and complications, ranged from $2164 (Mexico) to $7671 (Australia). Assuming 80% compliance with the increased water intake strategy over a 10-year time horizon, the number of UTIs prevented ranged from 435,845 (Australia) to 24150,272 (China), resulting in total savings of 286 million (Australia) to $4.4 billion (China). Across all countries, increased water intake resulted in lower cost and fewer UTIs compared with low water intake.

Conclusion Preventing recurrent UTIs by increasing water intake would reduce both the clinical and economic burden associated with UTI. Public, healthcare professionals and patients should be made aware about the preventive positive impact of appropriate water intake on UTIs.

Keywords Urinary tract infection, Prevention, Drinking water, Water intake, Cost-effectiveness, Budget impact

†Juliane Zemdegs and Alison Iroz contributed equally to this work.

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Narrative review

Urinary tract infections in pregnancy

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Cystitis
Pregnancy
Pyelonephritis
Urinary tract infection

ABSTRACT

Background: Urinary tract infections (UTIs) are the most common infection among pregnant women and have been associated with maternal and foetal complications. Antimicrobial exposure during pregnancy is not without risk. International guidelines recommend a single screen-and-treat approach to asymptomatic bacteriuria (ASB); however, this approach has been questioned by recent studies.

Objectives: The aim of this narrative review was to assess the pathophysiology, current risk factors and management of UTI during pregnancy, its impact on pregnancy outcomes, and to develop recommendations on the best use of antimicrobials.

Sources: PubMed, Cochrane database, and ClinicalTrials.gov.

Content: Owing to the physiological changes related to pregnancy, pregnant women are at higher risk of UTI. All types of UTIs combined have been estimated to affect approximately 2% to 15% of women. ASB affects 2% to 7% of pregnant women. Recent studies do not provide good-quality evidence for an association between ASB and acute pyelonephritis if ASB is untreated. There is low-to-moderate–quality evidence that treatment of ASB results in a reduction in the incidence of low birth weight and preterm birth, which justifies screening practices for ASB with only a single urine culture in the first trimester. If the clinician opts for treatment, a short course of β-lactams, nitrofurantoin, or fosfomycin should be favoured. Studies on cystitis during pregnancy are limited. Acute pyelonephritis has been shown to be associated with increased maternal complications and in some studies has also been associated with preterm delivery and low birth weight. Preferred antimicrobials for the management of pyelonephritis are amoxicillin combined with an aminoglycoside, third-generation cephalosporins, or carbapenems. Studies on recurrent UTIs during pregnancy are limited, making it difficult to draw conclusions regarding prophylactic measures.

Implications: Further research is required to understand the true incidence of ASB-related complications and the benefit and modalities of screening for ASB and to further explore prophylactic measures.

Yveline Ansaldi, Clin Microbiol Infect 2023;29:1249

Background

Urinary tract infections (UTIs) are the most common bacterial infection in pregnancy and have been estimated to affect 2% to 15% of the pregnant population, although recent data suggest that this may be higher. Using data from the National Birth Defects Study population (41 869 women), Johnson et al. [1] found that 11% to 26% of women reported being diagnosed and/or treated for UTI during pregnancy.

Screening and treatment for asymptomatic bacteriuria (ASB) during pregnancy have long been implemented as routine practice in numerous countries as a result of historical studies indicating that in up to 30% of women with untreated ASB, acute pyelonephritis (APN) develops and that it is associated with a risk of preterm delivery [2]. The pertinence of these recommendations should be reviewed because recent trials have provided conflicting results regarding the risks of UTI on maternal and neonatal outcomes [3]. The risks of antimicrobial therapy also require consideration.

Abbreviations: UTI, Urinary Tract Infections; ASB, Asymptomatic Bacteriuria; APN, Acute Pyelonephritis.

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Urinary tract infection in pregnancy

Dr. J Arumaikannu, Dr. K Jayanthi and Dr. M Radhamani

DOI: https://doi.org/10.33545/gynae.2021.v5.i4a.962

Abstract
Urinary tract infections are the most common bacterial infection in pregnancy. Urinary tract infections may present as asymptomatic bacteriuria, acute cystitis, pyelonephritis. Untreated urinary tract infections cause serious maternal and neonatal complications, such as preterm labour, premature rupture of membrane, preeclampsia, anemia, low birth weight. Urine culture and sensitivity is the gold standard method of screening. *E.coli* is the most common organism causing urinary tract infection. Treatment of urinary tract infection with appropriate antibiotics has been shown to reduce these complications. Therefore, pregnant women should be screened for the presence of bacteriuria early in pregnancy.

Keywords: urinary tract infection, pregnancy, bacteriuria, pyelonephritis

Introduction

Aim
To study the prevalence of Urinary tract infection in Pregnancy and its associated maternal and neonatal complications.

Materials and Methods
This study was conducted at Government Thiruvannamalai medical college and Hospital during the period from April 2019-April2020.

Study Design
Prospective study

Inclusion Criteria
All pregnant women presenting with signs and symptoms of UTI (frequency, urgency, dysuria, suprapubic or loin pain).

Exclusion Criteria
Pregnant women on antibiotic within last 2 weeks

Sample Size
200 Patients

Pregnant women who satisfying the above metioned inclusion criteria were informed about the study and the implications of their participation. They were trained to collect clean catch mid stream urine in a sterile bottle. These samples were then transported to the laboratory and processed within a hour. If immediate proceesing was not possible, the samples were promptly refrigerated at 4 'C. These urine samples were subjected to microscopy and, culture and sensitivity. Cultures were done with CLED agar. The microbes which were isolated were subjected to antibiotic sensitivity testing using disc diffusion technique.

Results

Table 1: Prevalence of UTI

Prevalence	Cases	Percentage
UTI	36	18%
Non UTI	164	82%
Total	200	100%

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Research Article

Prevalence and Factors Associated with Meconium-Stained Amniotic Fluid in a Tertiary Hospital, Northwest Ethiopia: A Cross-Sectional Study

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Background. Fetal bowel could pass meconium, a green viscous fluid, before or during labour and most intrauterine passage of meconium is associated with several fetomaternal factors that lead to increased risk of perinatal morbidity and mortality. Given that there is a paucity of data, this study was conducted to assess the proportion and associated factors of meconium-stained amniotic fluid (MSAF) in women who came for labour and delivery service in a tertiary hospital. Methods. A cross-sectional study was conducted from 1 June to 31 August 2018 among 606 labouring mothers at Felege Hiwot Referral Hospital, northwest Ethiopia. Study participants were selected using a systematic random sampling technique. Data were collected using an interviewer-administered pretested questionnaire and data checklist. Factors associated with MSAF were explored using multivariable logistic regression analysis. Results. MSAF occurred in 24.6% (149/606) of pregnancies. Nonreassuring fetal heart rate patterns (Adjusted Odds Ratio [AOR]: 21.9, 95% Confidence interval [95% CI]: 10.96–43.83), postterm pregnancy (AOR: 4.54, 95% CI: 2.24–9.20), duration of labour more than 15 hours (AOR: 2.83, 95% CI: 1.76–4.53), pregnancy-induced hypertension (AOR: 2.43, 95% CI: 1.45–4.05), oligohydramnios (AOR: 2.53, 95% CI: 1.25–5.12), interpregnancy interval less than 2 years (AOR: 2.24, 95% CI: 1.12–4.51), and monthly family income less than 5000 Ethiopian Birr (185 USD) (AOR: 2.03, 95% CI: 1.18–3.51) were significantly associated with MSAF. Conclusions. In this study, the proportion of MSAF was at 24.6% which was higher than a previous report in Ethiopia. Nonreassuring fetal heart rate pattern, postterm pregnancy, duration of labour more than 15 hours, pregnancy-induced hypertension, oligohydramnios, interpregnancy interval less than 2 years, and monthly family income less than 5000 Ethiopian Birr were factors associated with an increased risk for MSAF. Therefore, interventions aimed at detecting MSAF early should consider these factors.

1. Background

Fetal bowel could pass meconium, a green viscous fluid, before or during labor and most intrauterine passage of meconium is associated with several fetomaternal outcomes that may lead to increased risk of perinatal morbidity and mortality [1–6]. MSAF can be found in 10–20% of laboring mothers across the globe [7–10], and a hospital-based study conducted in Jimma, Ethiopia, showed that 15.4% of women had MSAF [4].

A population-based cohort study conducted among women who gave birth to small for gestational age (SGA) neonates in Israel showed that gestational age at delivery, maternal age, and nonprogressive first stage of labor were all found to be independently associated with MSAF. SGA neonate with MSAF was independently associated with fetal

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ORIGINAL RESEARCH

Determinants of Meconium-Stained Amniotic Fluid at Hadiya Zone Hospitals, Southern Ethiopia; Unmatched Case-Control Study

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Background: Meconium-stained amniotic fluid (MSAF) refers to an amniotic fluid that is green in color or mixed with meconium. MSAF leads to a serious maternal complication that increases the likelihood of operative delivery and poses a hazard to the fetus or the neonate. This in turn enhances the chances of maternal and neonatal mortality and morbidity. So, the identification of determinants helps to breach this vicious cycle. The current study aimed to assess the determinants of MSAF.

Methods: An institution-based, unmatched case-control study with a sample size of 363 participants (121 cases and 242 controls) was conducted on mothers who gave birth at Hadiya zone public hospitals between March and April 2020. A proportionate distribution was made to each facility depending on the volume of patients, and cases and control mothers were chosen sequentially. The data was gathered through in-person interviews and secondary data extraction. In multivariable logistic regression, variables with ($p < 0.25$) in bivariate analysis were included. After multivariable logistic regression was finished, statistical significance was declared at ($p < 0.05$).

Results: A total of 121 cases and 242 controls were included in this study Multivariable logistic regression analysis showed that gestational age ≥ 41 week (AOR = 3.44, 95% CI: 1.02–11.63), premature rupture of membrane (AOR = 3.71, 95% CI: 1.98–6.93) obstructed labor (AOR = 2.90, 95% CI: 1.15–7.33) preeclampsia (AOR = 4.16, 95% CI: 1.29–13.35) and non-reassuring fetal heart rate (AOR = 6.75, 95% CI: 3.45–13.19) were significantly associated with MSAF.

Conclusion: Advanced gestational age, an early membrane rupture, an obstructed labor, preeclampsia, and non-reassuring fetal heart rate all increase the incidence of meconium-stained amniotic fluid in laboring mothers. Making every effort to prevent, identify, and treat those obstetric determinants as early as feasible should be taken into consideration throughout follow-up of pregnancy, labor, and delivery could assist to lower the incidence of MSAF.

Keywords: amniotic fluid, determinants, meconium stained

Background

Amniotic fluid is the liquid that retains and insulates a fetus in the uterus throughout pregnancy. Meconium, a dark greenish first stool that is typically passed by the newborn during the first 48 hours after birth. The amniotic fluid turns green if a baby passes meconium before birth (while still within the uterus). Meconium stained amniotic fluid (MSAF) is the name for this property of liquor. Meconium is made up of 70–80% water, digestive contents, desquamated cells, lanugo, amniotic fluid, bile acids, salts, mucus, and other inflammatory modulators. Bile pigments are thought to be responsible for the greenish color of the meconium.[1,2]

There are three categories of meconium-stained liquor, with Grade I (light) containing the least quantity of meconium and the most amniotic fluid. Only a tiny greenish or yellowish tint results from this on the waters. When there is a decent volume of amniotic fluid, yet it is stained with meconium, that condition is known as grade II (moderate) meconium staining. The water seems really severe green or brown in this situation. When there is little amniotic fluid and a lot of meconium, the staining becomes grade III (heavy/quite thick), and it can be very dark green or black.[3,4]

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REVIEW Open Access

Efficacy of behavioral interventions to improve maternal mental health and breastfeeding outcomes: a systematic review

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Abstract

Background: Despite extensive benefits and high intentions, few mothers breastfeed exclusively for the recommended duration. Maternal mental health is an important underlying factor associated with barriers and reduced rates of breastfeeding intent, initiation, and continuation. Given evidence of a bidirectional association between maternal mental health and breastfeeding, it is important to consider both factors when examining the efficacy of interventions to improve these outcomes. The purpose of this manuscript is to review the literature on the efficacy of behavioral interventions focused on both maternal mental health and breastfeeding outcomes, examining the intersection of the two.

Methods: This systematic review was completed using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) reporting guidelines. Studies were selected if they were available in English, used primary experimental design, and used a behavioral intervention type to examine maternal mental health and breastfeeding outcomes. Articles were identified from PubMed, CINAHL, Embase, and PsycINFO from database inception to 3 March 2022. Study quality was assessed using the Cochrane Risk of Bias tool. Results were synthesized by intervention success for 1. Mental health and breastfeeding, 2. Breastfeeding only, 3. Mental health only, and 4. No intervention effect. PROSPERO CRD42021224228.

Results: Thirty interventions reported in 33 articles were identified, representing 15 countries. Twelve studies reported statistically significant positive effect of the intervention on both maternal mental health and breastfeeding; most showing a decrease in self-report depressive and/or anxiety symptoms in parallel to an increase in breastfeeding duration and/or exclusivity. Common characteristics of successful interventions were a) occurring across pregnancy and postpartum, b) delivered by hospital staff or multidisciplinary teams, c) offered individually, and d) designed to focus on breastfeeding and maternal mental health or on breastfeeding only. Our results are not representative of all countries, persons, experiences, circumstances, or physiological characteristics.

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Progestogen-only contraceptive use among breastfeeding women: a systematic review

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Abstract

Background: Postpartum women need effective contraception. Concerns have been raised that use of progestogen-only contraceptives (POCs) may affect breastfeeding performance and infant health outcomes.

Objectives: We investigated the clinical outcomes of breastfeeding duration, initiation of supplemental feeding and weaning, as well as infant outcomes including infant growth, health and development among breastfeeding women using POCs compared with breastfeeding women not using POCs.

Search strategy: We searched the PubMed database for all articles published from database inception through December 2014.

Selection criteria: We included primary research studies of breastfeeding women of any age or parity who received POCs, including progestogen-only pills, injectables, implants or hormonal intrauterine devices (IUDs). The main outcomes were breastfeeding performance (as measured by initiation, continuation, frequency and exclusivity of breastfeeding) and infant health (as measured by growth, development or adverse health effects).

Results: Forty-nine articles reporting on 47 different studies were identified that investigated the use of POCs in breastfeeding women and reported clinically relevant outcomes of infant growth, health or breastfeeding performance. Studies ranged from poor to fair methodological quality and generally failed to show negative effects of the use of POCs on breastfeeding outcomes or on infant growth or development. One randomized controlled trial (RCT) raises concerns

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RESEARCH Open Access

First primary care visit of the newborn and its implications for breastfeeding

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Abstract

Background The first primary care visit of the newborn aims to assess neonatal feeding, promote breastfeeding, and identify potential health issues. This study examines the relationship between the timing of the first visit and the prevalence of exclusive breastfeeding (EBF) at one month of life.

Methods This prospective, observational, analytical study was conducted in Spain through a paediatric research network. Data were collected from newborns at both the first visit and the one-month check-up. Selected variables were compared with those from a 2014 study by the same network to estimate EBF rates at the first visit. The primary outcome was EBF prevalence at one month, measured using 2024 data. EBF was defined as receiving only breast milk in the past 24 h. To analyse factors associated with EBF over time, generalised estimating equation models with binomial distribution and logit link function were used in univariate and multivariate analyses.

Results A total of 1952 cases were collected in 2024, with the first visit at 9.3 ± 6.1 days after discharge, compared to 2047 cases in 2014 at 10.7 ± 6.3 days. EBF prevalence at the first visit was 63.1% in 2014 and 62.6% in 2024. In 2024, EBF prevalence at one month was 55.0% (95% CI 52.7, 57.3). Previous maternal breastfeeding experience was the strongest predictor of EBF at one month (AOR 14.61, 95% CI 5.04, 42.33). Having the first visit within 7 days of life was associated with higher EBF maintenance at one month in univariate analysis (OR 1.34, 95% CI 1.17, 1.53), but not in multivariate analysis (AOR 0.90, 95% CI 0.47, 1.74).

Conclusions The first primary care visit of the newborn occurs late in Spain. Rates of EBF have declined over the past decade, highlighting the need for targeted interventions that address modifiable determinants. The strongest predictor for EBF at one month is having previous breastfeeding experience. Early postnatal follow-up of newborns in primary care appears to have a beneficial effect on EBF maintenance at one month, although other determinants may mediate or influence its impact.

Keywords Newborn, Breast feeding, Postnatal care, Primary health care, Ambulatory care facilities

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