LAMPIRAN

ASUHAN KEBIDANAN PADA MASA KEHAMILAN PADA NY.A ,
UMUR 22 TAHUN, G1P0A0 HAMIL 37 MINGGU 5 HARI
DI PMB ROSIDA HIMAWATI PURWOREJO

TANGGAL : 17 Februari 2022 Jam 16.00 wib

S:

1. Biodata

Nama	:Ny. A	Nama Suami	:Tn.I
Umur	: 22 Tahun	Umur	: 24 Tahun
Agama	:Islam	Agama	: Islam
Pendidikan	: SMU	Pendidikan	:SMU
Pekerjaan	: IRT	Pekerjaan	: Karyawan

Alamat: Bengkelan 3/1, Purworejo

2. Keluhan utama

   Ibu mengatakan ingin memeriksakan kehamilan

3. Riwayad haid

   Haid pertamakali/Menarche pada usia 13 tahun, siklus teratur 28-29 hari, warna darah merah tua banyaknya hari ke 1 sampai 3, ganti pembalut 3-4x sehari sedangkan pada hari ke 4 sampai7 ganti pembalut 2-3x sehari Lama haid 7 hari tdk ada nyeri haid dan leukhorea . HPHT : 25-4-2021 HPL : 2-2-2022 UK 37minggu 5 hari

4. Riwayat Obstetri

   Kehamilan pertama, Imunisasi TT 2 (8 November 2021), Vaksin Cov19 2 kali (22 Desember 2021) riwayat ANC 6x di BPM, 1 kali di Puskesmas dan 2 kali di dokter spesialis Obsgyn.

5. Riwayat Kontrasepsi

   Ibu mengatakan belum pernah KB

6. Riwayat Penyakit

   Ibu mengatakan tidak mempunyai dan tidak sedang menderita penyakit jantung, hipertensi, TBC, asma, mioma/kista, hepatitis dan malaria

7. Riwayat Penyakit keluarga

   Keluarga ibu dan suami tidak ada yang menderita penyakit menular dan menurun (jantung, DM, TBC). Dan tidak ada riwayat keturunan kembar

8. Riwayat Psikososial

   Ibu merasa senang dengan kehamilannya, ibu tinggal bersama suami

9. Pola Nutrisi

   Makan sehari 3x dengan nasi, sayur, lauk dan buah

   Minum air 7-8 gelas/ hari dan segelas susu pada malam hari

10. Pola Eliminasi

    BAK 4-6x/hari warna kuning, BAB 1-2x/hari konsistensi lunak

11. Personal Hygiene

    Mandi sehari 2x, sikat gigi sehari 2x, keramas 2 hari sekali, ganti pakaian dalam sehari 2x

12. Riwayat sosial ekonomi

    Pendapatan suami >Rp.3000.000,00

    Pasien memiliki jaminan kesehatan.

O: 1. Keadaan Umum

   Keadaan umum: Baik

   Kesadaran : Composmentis

2. Tanda-tanda vital

   Tensi : 100/70 mmHg

   Nadi : 84x/menit

Suhu : 36,5^{0}celcius

RR : 20x/menit

BB sebelum hamil 56 kg , BB saat ini 66 kg

TB 155 cm IMT sebelum hamil 23,3 kg/m² dan IMT saat ini 27,5 kg/m²

LILA 31 cm.

Muka : tidak ada cloasma gravidarum.

Mata : konjungtiva merah muda

Leher : tidak terdapat pembesaran kelenjar tyroid

Mamae : membesar, tegang, areola menghitam, puting menonjol

Abdomen : membesar memanjang, hyperpigmentasi,

vulva : tidak ada oedema dan varises

Pada pemeriksaan palpasi

Leopold I : TFU 26 cm, teraba satu bagian lunak, tidak melenting.

Leopold II : bagian kiri teraba satu bagian keras memanjang seperti ada tahanan, bagian kanan teraba bagian kecil janin.

Leopold III : bagian bawah teraba setengah bagian bulat, keras tidak mudah digoyangkan.

Leopold IV : posisi tangan pemeriksa divergen.

TBJ (26 – 11) x 155 = 2325 gram,

Auskultasi Punctum Maximum dibawah pusat sebelah kiri, DJJ 148 x /menit, teratur.

HIS : *Braxton hiks*

A**:** Ny A usia 22 tahun G1P1A0 usia kehamilan 37 minggu+5 hari janin tunggal intra uteri, punggung kiri, preskep masuk PAP

P**:** 1**.** Menjelaskan hasil pemeriksaan pada ibu bahwa umur kehamilan 37 minggu 5 hari.

Hasil: ibu mengetahui saat ini umur kehamilannya 37 minggu 5 hari dan bahagia karena kondisi ibu dan bayinya sehat

2. Menjelaskan pada ibu mengenai keluhan perut terkadang kenceng, hal ini terjadi karena adanya tanda persalinan palsu yang yaitu timbulnya kontraksi tetapi tidak menimbulkan pembukaan pada servix yang disebut Kontraksi *Braxton Hicks*

Hasil :ibu mengerti penjelasan bidan tentang tanda persalinan palsu yaitu timbulnya kontraksi tetapi tidak menimbulkan pembukaan pada servix yang disebut Kontraksi Braxton Hicks

3. Menjelaskan pada ibu tentang tanda tanda persalinan yaitu:
   a. Perut mulas mulas teratur timbulnya semakin sering dan semakin lama dan semakin kuat. Pada kehamilan pertama, bayi biasanya lahir sekitar 12 jam sejak mulas-mulas teratur. Pada kehamilan kedua dan berikutnya bayi lahir setelah 8 jam sejak mulas mulas teratur
   b. Keluar lendir bercampur darah dari jalan lahir atau keluar cairan ketuban dari jalan lahir.

      Hasil : ibu dapat menyebutkan tanda-tanda persalinan yaitu timbulnya mulas yang teratur dan keluar lendir bercampur darah.
4. Menjelaskan pada ibu tentang tanda bahaya persalinan yaitu :
   a. Perdarahan melalui jalan lahir.
   b. Tali pusar atau tangan bayi keluar dari jalan lahir.
   c. Ibu mengalami kejang
   d. Ibu tidak kuat mengejan
   e. Air ketuban keruh dan berbau
   f. Ibu gelisah atau mengalami kesakitan yang hebat

      Menganjurkan ibu agar memberitahu suami atau keluarga apabila mengalami tanda bahaya persalinan, suami atau keluarga segera menghubungi bidan/dokter dan mengantarkan ibu ke bidan atau rumah sakit.

   Hasil : ibu dapat menyebutkan 3 tanda bahaya persalinan dan akan memberitahu suami atau keluarga apabila mengalami tanda bahaya kehamilan sehingga suami segera menghubungi bidan /dokter.
   5. Memberikan Fe 1 x 1 dan Vitamin 1x1 diminum menggunakan air putih

      Hasil :ibu mendapatkan Fe dan vitamin dan berkata akan minum obat secara teratur.
   6. Menganjurkan pada pasien untuk kunjungan ulang 1 minggu lagi. Pasien bersedia untuk kontrol ulang 1 minggu lagi.
   7. Mencatat hasil pemeriksaan pada buku KIA dan register pasien.

Hasil :hasil pemeriksaan telah dicatat di buku KIA dan register pasien.

CATATAN PERKEMBANGAN

Tanggal : 26 Jauari 2022 Jam 16.00 WIB

S: Ibu mengatakan kenceng-kenceng

O:

1. Keadaan Umum

   Keadaan umum: Baik

   Kesadaran: Composmentis

2. Tanda-tanda vital

   Tensi : 120/80 mmHg

   Nadi : 84x/menit

   Suhu : 36,5^{0}celcius

   RR : 20x/menit

   BB : 66 kg

   Pada pemeriksaan palpasi

   Leopold I : TFU 28 cm, teraba satu bagian lunak, tidak melenting.

   Leopold II: bagian kiri teraba satu bagian keras memanjang seperti ada tahanan, bagian kanan teraba bagian kecil janin.

   Leopold III: bagian bawah teraba setengah bagian bulat, keras tidak mudah digoyangkan.

   Leopold IV: posisi tangan pemeriksa divergen.

   TBJ (28 – 11) x 155 = 2635 gram,

   Auskultasi Punctum Maximum dibawah pusat sebelah kiri, DJJ 148 x /menit, teratur.

A**:** Ny A usia 22 tahun G1P1A0 usia kehamilan 39 janin tunggal, hidup, intrauterine, punggung kiri, presentasi kepala, masuk PAP dengan kehamilan normal

P: 1**.** Menjelaskan hasil pemeriksaan pada ibu bahwa umur kehamilan 39 minggu dan normal

Ibu senang dengan hasil pemeriksaannya

2. Menjelaskan pada ibu mengenai keluhan perut terkadang kenceng, hal ini terjadi karena adanya tanda persalinan palsu yang yaitu timbulnya kontraksi tetapi tidak menimbulkan pembukaan pada servix yang disebut Kontraksi *Braxton Hicks*

   Hasil :ibu mengerti penjelasan bidan tentang tanda persalinan palsu yaitu timbulnya kontraksi tetapi tidak menimbulkan pembukaan pada servix yang disebut Kontraksi Braxton Hicks
3. Memberitahu ibu tanda-tanda persalinan seperti perut mules secara teratur, keluar lendir bercampur darah dan keluar air ketuban. Menganjurkan pada ibu datang ke bidan bila tanda-tanda tersebut muncul.

   Ibu mengatakan bersedia untuk segera ke bidan jika ada tanda-tanda persalinan.
4. Menganjurkan ibu untuk menyiapkan pakaian ibu dan bayi, transportasi.

   Ibu mengatakan sudah mempersiapkannya dan sudah di bicarakan dengan suami.
5. Menginformasikan pada ibu beberapa metode kontrasepsi yang bisa digunakan ibu pada masa menyusui seperti: AKDR/ coper T, implant/ susuk, suntikan 3 bulan, MAL (metode amenore laktasi), dan kondom.

   Ibu mengatakan ia dan suaminya akan membiacarakan kontrasepsi yang akan digunakan setelah bersalin
6. Memberikan Fe 1 x 1 dan Vitamin 1x1 diminum menggunakan air putih

   Ibu mendapatkan Fe dan vitamin dan berkata akan minum obat secara teratur
7. Menganjurkan pada pasien untuk kunjungan ulang 1 minggu lagi. Pasien bersedia untuk kontrol ulang 1 minggu lagi.
8. Mencatat hasil pemeriksaan pada buku KIA dan register pasien.

   Hasil pemeriksaan telah dicatat di buku KIA dan register pasien.

ASUHAN KEBIDANAN MASA NIFAS PADA NY.A UMUR 22 TAHUN P1A0AH1 NIFAS HARI KETIGA DI PMB ROSIDA HIMAWATI PURWOREJO

TANGGAL : 6 Februari 2022 Jam 13.30 WIB

S:

1. Biodata

Nama	:Ny. A	Nama Suami	:Tn.I
Umur	: 22 Tahun	Umur	: 24 Tahun
Agama	:Islam	Agama	: Islam
Pendidikan	: SMU	Pendidikan	:SMU
Pekerjaan	: IRT	Pekerjaan	: Karyawan
Alamat	: Bengkelan 3/1, Purworejo		

2. Keluhan utama

   Ibu mengatakan sudah cukup sehat,bisa istirahat, tetapi masih mules pada bagian perut bawah, nyeri pada luka jahitan, ASI keluar banyak

3. Riwayad haid

   Haid pertamakali/Menarche pada usia 13 tahun, siklus teratur 28-29 hari, warna darah merah tua banyaknya hari ke 1 sampai 3, ganti pembalut 3-4x sehari sedangkan pada hari ke 4 sampai7 ganti pembalut 2-3x sehari Lama haid 7 hari tdk ada nyeri haid dan leukhorea . HPHT : 25-4-2021 HPL : 2-2-2022

4. Riwayat Obstetri

P1A0AH1 lahir spontan 3 Februari 2022 di RSIA jenis kelamin laki-laki, BB 2600 gram PB 48 cm ditolong oleh dokter.

5. Riwayat Kontrasepsi

   Ibu mengatakan belum pernah KB

6. Riwayat Penyakit

   Ibu mengatakan tidak mempunyai dan tidak sedang menderita penyakit jantung, hipertensi, TBC, asma, mioma/kista, hepatitis dan malaria

7. Riwayat Penyakit keluarga

   Keluarga ibu dan suami tidak ada yang menderita penyakit menular dan menurun (jantung, DM, TBC). Dan tidak ada riwayat keturunan kembar

8. Riwayat Psikososial

   Ibu merasa senang dengan kelahiran putranya

9. Pola Nutrisi

   Makan sehari 4-5x dengan nasi, sayur, lauk dan buah dan cemilan

   Minum air 8-10 gelas/ hari dan segelas susu

10. Pola Eliminasi

    BAK 4-6x/hari warna kuning, BAB 1-2x/hari konsistensi lunak

11. Personal Hygiene

    Mandi sehari 2x, sikat gigi sehari 2x, keramas 2 hari sekali, ganti pakaian dalam sehari 2x

O:

1. Keadaan Umum

   Keadaan umum: Baik

   Kesadaran : Composmentis

2. Tanda-tanda vital

   Tensi : 110/70 mmHg

   Nadi : 84x/menit

   Suhu : 36,5^{0}celcius

   RR : 20x/menit

Mammae :membesar, puting susu menonjol, hiperpigmentasi areola, dari puting susu sudah keluar ASI, tidak nyeri tekan.

Abdomen : TFU pertengahan sympisis pusat, kandung kemih kosong

Genetalia : lochea berwarna merah, tidak berbau busuk, terdapat luka perineum, tidak ada tanda- tanda infeksi , PPV ± 50 cc.

A: Ny A usia 22 tahun P1A0 nifas hari ketiga

P:

1. Menjelaskan kepada ibu bahwa hasil pemeriksaan ibu dalam keadaan normal.
2. Menjelaskan tentang keluhan nyeri pada jahitan jalan lahir terjadi karena luka belum sembuh sempurna sehingga masih terasa nyeri namun dari hasil pemeriksaan kondisi jahitan perineum tidak ada tanda-tanda infeksi seperti kemerahan dan nanah. Ibu mengerti dengan penjelasan yang diberikan
3. Mengajarkan ibu senam kegel untuk mengurangi rasa sakit dan mempercepat proses penyembuhan

   Ibu mencoba melakukan senam kegel seperti yang diajarkan
4. Menganjurkan ibu untuk makan makanan gizi seimbang seperti karbohidrat (nasi, jagung, kentang, ubi), protein (telur, ikan, tahu, tempe, daging), vitamin dan mineral (sayur-sayuran hijau, buah-buahan) dan minum air putih minimal 3-4 liter atau minimal 14 gelas sehari. Dengan gizi seimbang akan dapat mempercepat proses pemulihan ibu, penyembuhan luka dan memenuhi kebutuhan ASI. Ibu bersedia untuk makan makanan dengan gizi seimbang.
5. Mengajarkan kepada ibu untuk menjaga personal hygiene dengan mengganti pembalut setiap 4 kali sehari tanpa menunggu penuh, cebok dari arah depan ke belakang. Ibu bersedia mengikuti anjuran
6. Menganjurkan kepada ibu untuk kontrol kembali 1 minggu kemudian atau jika ada keluhan. Ibu sudah dijadwalkan control di RSIA tanggal 10 Februari 2022

CATATAN PERKEMBANGAN

TANGGAL : 17 Februari 2022 Jam: 13.30 WIB

S:

Keluhan utama

Ibu mengatakan sudah cukup sehat,bisa istirahat, tetapi masih mules pada bagian perut bawah, nyeri pada luka jahitan berkurang, ASI keluar banyak

O:

1. Keadaan Umum

   Keadaan umum: Baik

   Kesadaran : Composmentis

2. Tanda-tanda vital

   Tensi : 110/70 mmHg, nadi: 84x/menit, suhu: 36,3^{0}celcius, RR : 20x/menit

   Mammae :membesar, puting susu menonjol, hiperpigmentasi areola, dari puting susu sudah keluar ASI, tidak nyeri tekan.

   Abdomen : TFU tidak teraba

   Genetalia : lochea berwarna kuning tidak berbau busuk, terdapat luka perineum, tidak ada tanda- tanda infeksi .

A: Ny A usia 22 tahun P1A0 nifas hari ke-14

P:

1. Memberitahu kepada ibu hasil pemeriksaan, ibu dalam keadaan normal. Ibu mengerti dan merasa senang mendengar keadaannya.
2. Memberikan pujian kepada ibu karena bersedia untuk makan makanan gizi seimbang.
3. Memberikan pujian kepada ibu karena memberikan ASI saja hingga saat ini dan tetap memotivasi kepada ibu agar terus memberikan ASI demi mendukung pemberian ASI Ekslusif.
4. Memberitahu kepada ibu jenis-jenis kontrasepsi yang aman untuk ibu yang sedang menyusui. Ibu mengatakan berencana menggunakan KB suntik 3 bulan
5. Menganjurkan kepada ibu untuk kontrol kembali 3 minggu kemudian atau jika ada keluhan. Ibu bersedia untuk kontrol sesuai anjuran

CATATAN PERKEMBANGAN

TANGGAL : 2 Maret 2022 Jam: 13.30 WIB

S:

Keluhan utama

Ibu mengatakan sudah cukup sehat,bisa istirahat, tetapi masih mules pada bagian perut bawah, ASI keluar banyak

O:

1. Keadaan Umum

   Keadaan umum: Baik

   Kesadaran : Composmentis
2. Tanda-tanda vital

   Tensi: 110/70 mmHg, Nadi: 80x/menit, Suhu: 36,3 ^{0}c RR: 20x/menit
3. Pemeriksaan Obstetri

   Mammae :membesar, puting susu menonjol, hiperpigmentasi areola, dari puting susu sudah keluar ASI, tidak nyeri tekan.

   Abdomen : TFU tidak teraba

   Genetalia : luka perineum tertutup, tidak ada tanda- tanda infeksi .

A: Ny A usia 22 tahun P1A0 nifas hari ke-30

P:

1. Memberitahu kepada ibu hasil pemeriksaan, ibu dalam keadaan normal.

   Ibu mengerti dan merasa senang mendengar keadaannya.
2. Memberikan pujian kepada ibu karena bersedia untuk makan makanan gizi seimbang.
3. Memberikan pujian kepada ibu karena memberikan ASI saja hingga saat ini dan tetap memotivasi kepada ibu agar terus memberikan ASI demi mendukung pemberian ASI Ekslusif.
4. Memberitahu kepada ibu jenis-jenis kontrasepsi yang aman untuk ibu yang sedang menyusui.

   Ibu mengatakan berencana menggunakan KB suntik 3 bulan
5. Menganjurkan kepada ibu ke tenaga kesehatan untuk mendapatkan pelayanan

   Ibu bersedia untuk kontrol sesuai anjuran

ASUHAN KEBIDANAN PADA BAYI BARU LAHIR
PADA BY. NY. A, UMUR 3 HARI, BAYI BARU LAHIR FISIOLOGIS
DI PMB ROSIDA HIMAWATI PURWOREJO

TANGGAL : 6 Februari 2022 JAM 13.45 WIB

S: Keluhan utama

Bayi lahir spontan langsung menangis dan ibu mengatakan bayi bergerak aktif. Bayi sudah menyusu.

1. Biodata

Bayi

Nama	: By. Ny A
Tanggal/ Jam Lahir	: 3 Februari 2022 / 08.30 WIB
Jenis kelamin	: laki-laki
BBL	: 2600 gram
PB	: 48 cm

Orang tua

Nama	: Ny. A	Nama Suami	:Tn.I
Umur	: 22 Tahun	Umur	: 24 Tahun
Agama	: Islam	Agama	: Islam
Pendidikan	: SMU	Pendidikan	: SMU
Pekerjaan	: IRT	Pekerjaan	: Karyawan
Alamat	: Bengkelan 3/1, Purworejo		

2. Riwayat Kesehatan yang lalu
   a. Riwayat Antenatal
      G1P0A0Ah1 Umur Kehamilan 40 minggu 1 hari
      Riwayat imunisasi TT: TT2
      Kenaikan BB : 10 kg
      Penyakit selama hamil: tidak ada
      Komplikasi ibu : tidak ada
      Komplikasi Janin : tidak ada

b. Riwayat Intranatal

Usia kehamilan 40 minggu 1 hari, lahir tanggal 3-2-2023, jam 08.30 WIB, jenis persalinan: spontan di RSIA, penolong: dokter, Jenis kelamin laki-laki, BB/ PB Lahir: 2600 gr/ 48 cm , LK: 33 cm, LD 32 cm, LLA 11 cm, Sudah berikan injeksi vitamin K 1 mg, salep mata pada mata kanan dan kiri bayi dan imunisasi Hb0.

A. Data Subyektif

1. Pemeriksaan Umum

Keadaan Umum : Baik

Pernafasan 50 x/ menit, denyut jantung 140 kali/menit, suhu aksiler 37 ℃

Postur dan gerakan aktif, tonus otot/ tingkat kesadaran kuat

Ekstremitas normal dan aktif, kulit kemerahan, tali pusat segar, basah, tidak ada perdarahan

2. Pemeriksaan Fisik

Kepala : tidak ada kaput suksadenum, tidak ada chepalhematoma, sutura teraba dan tidak menyatu,

Mata : simetris, ukuran normal, tidak oedem, terdapat refleks mengedip, terdapat lipatan epikantus pada kelopak mata, bola mata ada dan ukuran sama, bulat, padat dan tidak ada air mata, pupil ada, bereaksi terhadap cahaya,

Hidung : hidung lurus dari garis tengah, tulang hidung menonjol, ukuran lubang hidung normal, simetris, pernafasan lancar melalui kedua lubang hidung.

Mulut : bersih, simetris, mukosa merah muda, tidak ada labipalatoschisis.

Telinga : simetris, telinga berada pada satu garis imajiner melalui kantus dalam dan luar mata.

Leher : Leher pendek, tebal, dikelilingi lipatan kulit, kepala terletak tepat di garis tengah, tidak ada massa, leher bebas bergerak dari satu sisi ke sisi lain

Dada : Dada berbentuk hampir bulat, gerakan dada simetris, gerakan dada dan perut secara sinkron dengan pernafasan, puting susu menonjol, sudah terbentuk dengan baik, letak simetris.

Pulmo/cor: Frekuensi pernafasan normal, tidak ada suara mendengkur, tidak ada nafas cuping hidung, tidak ada retraksi otot-otot interkosta dan sternum, suara nafas normal terdengar jelas dan sama merata, terdengar keras, denyut jantung normal.

Abdomen : Bulat, menonjol, tidak teraba massa, terdengar bunyi usus, tali pusat berwarna putih keabu-abuan, batas antara tali pusat dengan kulit jelas, dan tidak berbau

Genetalia : Bentuk normal, penis dan scrotum normal

Punggung : Tulang punggung lurus dan mudah fleksi.

Anus : Anus berjumlah satu dengan sfingter yang baik, hari ini sudah BAB 2x

Ekstremitas : Seluruh ekstremitas simetris dan bergerak secara serentak, lengan atau tangan lebih panjang dari tungkai bawah, jumlah jari tangan lima jari setiap tangan, terdapat reflek menggenggam pada tangan, jumlah jari kaki 5 jari setiap kaki.

Kulit : kemerahan, tidak terdapat bercak- bercak kemerahan.

Reflek :

a. Rooting Reflek: Bayi menoleh ke arah tangan yang menyentuh pipi.
b. Sucking Reflek : Terdapat reflek hisap saat puting menyentuh bibir dan ada refleks menelan.
c. Grasp Reflek: jari-jari menggenggam jari-jari pemeriksa dan jari-jari kaki menekuk ke bawah.
d. Moro Reflek: Saat bayi dikejutkan,lengan teraduksi dalam gerakan memeluk dan kembali dalam posisi fleksi dan gerakan yang rileks.
e. Tonic Neck Reflek: Saat kepala bayi diputar ke arah kiri lengan dan kaki pada sisi kiri lurus, begitu juga sebaliknya

Babinski Reflek: Jari-jari kaki mencengkeram ketika bagian bawah disentuh.

A.

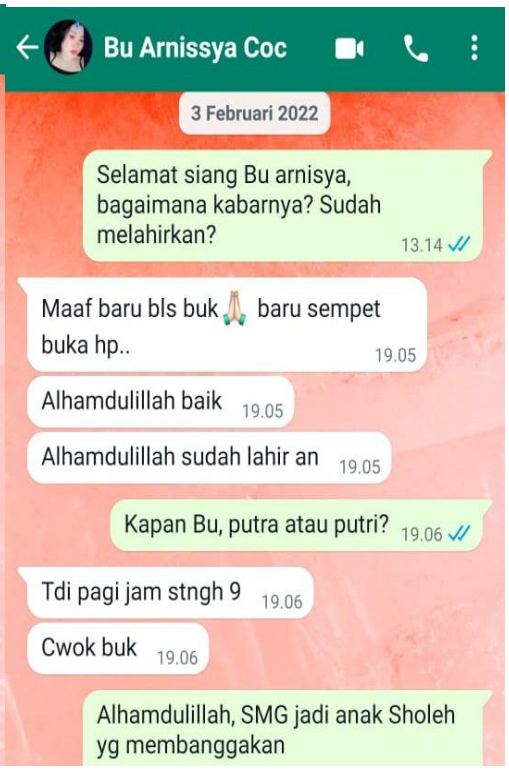
By. Ny. A, umur 3 hari, bayi baru lahir cukup bulan, sesuai masa kehamilan, lahir spontan dengan keadaan normal.

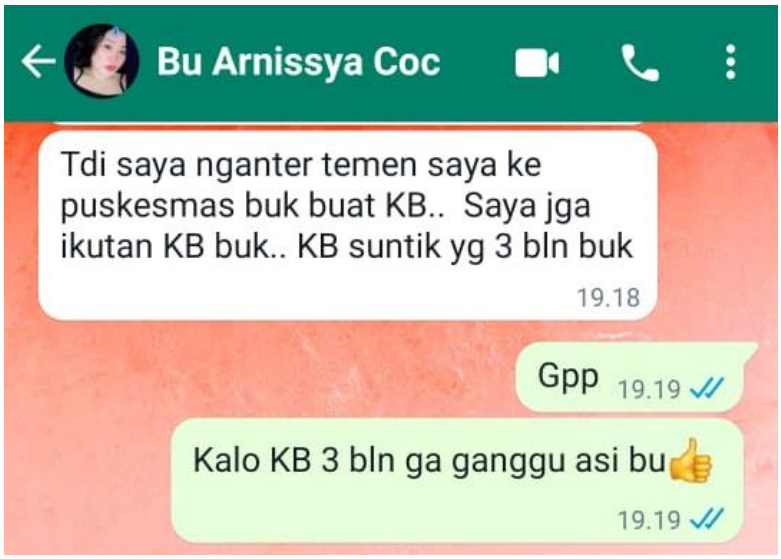
P.

1. Menjelaskan pada ibu bahwa bayinya dalam keadaan baik dan normal.
   Ibu senang mendengarkan penjelasan tersebut.
2. Menganjurkan ibu agar memberikan ASI sesuai keinginan bayi (*on demand*) dan diberikan secara eksklusif selama 6 bulan tanpa makanan tambahan lainnya.
   Ibu bersedia memberikan ASI *on demand* dan eksklusif selama 6 bulan.
3. Menjaga kehangatan bayi agar tidak terjadi hipotermi dengan cara dibedong/ diselimuti, diberikan topi dengan pencahayaan yang cukup dan segera ganti popoknya ketika basah.
   Ibu bersedia untuk menjaga kehangatan bayinya
4. Menjelaskan pada ibu/ keluarga tanda bahaya bayi baru lahir yang meliputi: bayi kuning (ikterus), kulit kebiruan (sianosis), bayi malas menyusu, suhu tubuh bayi dibawah 36°C atau lebih dari 37,5^{o}C, bayi lesu, bayi tidak berkemih dalam 24 jam pertama/ tidak defekasi dalam 48 jam.
   Ibu mengerti dengan penjelasan yang diberikan.
5. Menjelaskan pada ibu cara merawat tali pusat dengan menjaga tetap bersih dan kering.
   Ibu bersedia untuk merawat tali pusat dengan benar sesuai anjuran.

FOTO-FOTO DOKUMENTASI SELAMA PELAKSANAAN ASUHAN COC


Bu Arnissya Coc
Selamat siang Bu arnisya, saya indrika bidan puskesmas Mranti
10.17
Bagaimana perkembangannya hari ini, jenvmceng² nya sudah semakin sering?
10.18
Anda
Selamat siang Bu arnisya, saya indrika bidan puskesmas Mranti
Siang buk🙏
10.21
Anda
Bagaimana perkembangannya hari ini, jenvmceng² nya sudah semakin sering?
Mules" trus ini buk.. Cuman bentar" bgt mulesnya nggak lama.. Tpi mulesnya setiap menit
10.21
Kalo kenceng belum merata buk
10.22
Kadang di bawah kadang di samping kanan aja
10.22


Bu Arnissya Coc
3 Februari 2022
Selamat siang Bu arnisya, bagaimana kabarnya? Sudah melahirkan?
13.14
Maaf baru bls buk🙏 baru sempet buka hp..
19.05
Alhamdulillah baik
19.05
Alhamdulillah sudah lahir an
19.05
Kapan Bu, putra atau putri?
19.06
Tdi pagi jam stngh 9
19.06
Cwok buk
19.06
Alhamdulillah, SMG jadi anak Sholeh yg membanggakan


Bu Arnissya Coc
Tdi saya nganter temen saya ke puskesmas buk buat KB.. Saya jga ikutan KB buk.. KB suntik yg 3 bln buk
19.18
Gpp
19.19
Kalo KB 3 bln ga ganggu asi bu👍
19.19

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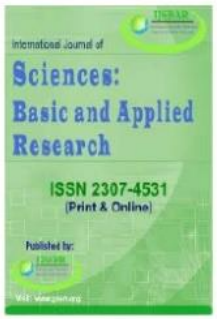

Effect Difference of Kegel Exercise and Sough Relaxation Exercise to Decrease Perineum Pain of Post-Partum Mother

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Abstract

The postpartum period begins after the birth of the placenta and ends when the uterus returns as before pregnancy, which lasts for 6 weeks. In addition, the experience of perineum pain due to lacerations will also affect the activities of daily life. This research aimed to know the difference of influence of kegel exercises and sough relaxation exercises in the decrease of perineum pain in postpartum mother, using two group pre test-post test design. The research conducted at Sudiang Raya Community Health Center Makassar with population were all post partum mother and sampling technique was done by purposive sampling then obtained the number of samples as much as 20 respondents. Respondents divided into 2 groups, group 1 was 10 respondents who did kegel exercises and group 2 that was 10 respondents who did sough relaxation exercises. Data analysis used Wilcoxon and Mann-Whitney Test. The results showed that there were difference of mean perineum pain before and after kegel exercises obtained p-value 0,005 where 0,005 <0,05. There were difference of mean perineum pain before and after sough relaxation exercises in p-value 0,005 where 0,005 <0,05. There were different effects of perineum pain after Kegel exercises compared with after sough relaxation exercises in p-value obtained 0,000 where 0,000 <0,005. It can be concluded that kegel exercises are more effective and have greater influence compared to sough relaxation exercises against decreased perineum pain in post partum mothers. It is therefore recommended for post partum mothers to perform kegel exercises to reduce postpartum perineum pain.

Keywords: Abdominal Exercise; Kinesio Tapping; Warm Compress; Visual Analoge Scale and Dysmenorrhea.

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1. Introduction

Pregnancy and labor are likely to cause the pelvic floor to weaken or break down so that it can not function properly. The puerperium begins after the birth of the placenta and ends when the uterine devices return like pre-pregnancy, which lasts for 6 weeks [1].

After delivery the mother will also experience various psychological disorders, one of which is a pain disorder that reaches 70% caused by stitches on the perineum. A study conducted in the UK showed that 85% of deliveries would normally occur perineum trauma. More than 2/3 of these women will require suturing [2].

Based on the study in Nigeria, 76 primary post partum bleeding women treated from 2002 to 2006 caused laceration of the birth canal (11.84%). Research in Indonesia with a large-scale survey conducted as long as two months in post partum mother, most of the mothers said still feel pain in their perineum, 77% of them are primiparous and 52% multiparous. Wound healing in perineum ruptures varies, some are normal (6-7 days) and some are late [3].

Perineum injuries that are healed late will cause the post partum mother will feel pain long enough. This pain causes unpleasant effects such as pain and fear to move. As for actions that can be given to help accelerate wound healing and reduce postpartum perineum pain such as Kegel exercises and sough relaxation exercises [4]. Pain management strategy is one of the ways used in the health field to overcome the pain experienced by maternity and postpartum. Kegel exercises will help post partum healing by making contraction and relaxation alternately in the pelvic floor muscles, blood circulation to the birth canal, speeding the healing of any wound there so that the pain felt by the postpartum mother will decrease/reduced [1].

In addition to Kegel exercises, exercises that can be exercised are sough relaxation exercises. Sough relaxation techniques are one of the techniques in behavioral therapy developed by Jacobson and Wolpel to reduce tension and anxiety. This technique is done with deep breath, slow breath (withstand maximum inspiration) and exhale slowly. In addition to reducing the intensity of pain, sough relaxation techniques can also improve lung ventilation and increase blood oxygenation [5].

The purpose of the study was to determine the difference of effect of kegel exercises and sough relaxation exercises on the decrease of perineum pain in post partum mothers.

2. Methods and Materials

2.1. Types of research

The study was conducted at Sudiang Raya Community Health Center Makassar in March-June 2017. This research type is experimental research with quasi experimental method by using two group pre test-post test design.

2.2. vPopulation and Sample

The population in this study were all post partum mothers Sudiang Raya Community Health Center Makassar in March-June 2017. The sample of the research was post partum mother that fulfilled the criteria of inclusion and exclusion criteria. The technique used in the sampling is purposive sampling that is based on the criteria set by the researcher, the criteria that have been determined by the researcher to obtain the sample as much as 20 people. All samples obtained based on the above criteria then divided randomly into 2 groups of samples ie the first group of 10 people were given Kegel exercises intervention and the second group as many as 10 people were given sough relaxation exercise intervention.

2.3. Inclusion Criteria

1. Post partum mother aged 18-40 years.
2. Post partum mother who has perineum pain.
3. Post partum mother with normal delivery.
4. Post partum mothers who are willing and agree to be respondents.

2.4. Exclusion Criteria

1. Post partum mother who experienced bleeding.
2. Poor post partum mother.
3. Postpartum mothers who have cardiovascular and pulmonary disorders.

2.5. Data Collection Procedures

At the beginning of the study all samples were measured perineum pain values perceived using VAS (Visual Analog Scale), after a history and examination.

1. Tools used: vital sign, VAS, mat/bed and stopwatch.
2. Implementation.

a. Measure vital sign.
b. Measures perineum pain using VAS before intervention and results are included in the pre-test value.
c. Then respondents were asked to perform kegel exercises for first group respondents and doing relaxation breathing exercises in the second group responders in accordance with the dose that has been determined. After 6 times given each action each group, then measured again the value of the pain using the VAS is made as post test data by looking at objective criteria that have been determined

3. Evaluation:

Obective Pain Criteria:

a. 0: No pain.
b. 1-3: Mild pain.
c. 4-6: Moderate pain.

d. 7-9: Very painful but still bearable.
e. 10: Very painful and unbearable.

(Smeltzer, 2002, in Amalia and Mafticha [6]

2.6. Intervention Implementation Procedures

Intervention given to treatment group I was Kegel Exercise, while in treatment group II Sough Relaxation Exercise.

Kegel Exercise Implementation Procedure.

1. Check the respondent's vital sign.
2. Then measure pain using VAS before the action (pre test), then record the result.
3. After that instruct the respondent to do Kegel exercises in the following way:

a. The mother is instructed to tighten the anus as it holds the defecation of urethral and vaginal wrinkles such as blocking urination. Hold for 10 seconds, breathe normally, then relax.
b. Relax and rest for 3 seconds, then mother re-instructed to repeat the above exercise slowly 10 repetitions.
c. After 10 repetitions of Kegel exercises, measure back post test pain, record the results so on the next action.
d. Kegel exercises are performed 3 times a week for 6 times action. One time the action is repeated for 10 reps. It lasts for 20 minutes.

Sough Relaxation Exercise Implementation Procedure.

1. Check the respondent's vital sign.
2. Then measure pain using VAS before the action (pre test), then record the result.
3. After that instruct the respondent to do sough relaxation exercise in the following way:

a. Try to relax and calm down.
b. Draw a deep breath through the nose with a count of 1,2,3, then hold for about 5-10 seconds.
c. Exhale through the mouth slowly.
d. Encourage repeating procedures up to 15 repetitions, alternating short breaks every 5 times.
e. After 15 repetitions of sough relaxation exercise, then measure the respondent's pain record the result of post test. And so on in the next action.
f. Sough relaxation exercise deeply done 3 times a week for 6 times action. Lasted approximately 20 minutes.

2.7. Data analysis

Wilcoxon and Mann Whitney test was conducted to determine the difference of effect of kegel exercises and sough relaxation exercises on the decrease of perineum pain in post partum mothers.

3. Result

Table 1: Distribution of Mean, Standard Deviation and Difference in Groups 1 and Group 2 based on VAS Pre Test and Post Test values

Sample Group	Mean and Standard Deviation		
	Pre Test	Post Test	Differences
1st Group	8,920± 0,623	2,660± 0,705	6,260± 0,523
2nd Group	8,910± 0,990	5,450± 1,289	3,460± 1,660

Table 1 showed the average VAS values in group 1 (Kegel Exercise) and group 2 (Sough Relaxation Exercise). In group 1 (Kegel Exercise) got the average value of pre test of 8,920 ± 0,623 and the mean value of post test 2,660 ± 0,705 with difference of 6,260 ± 0,523. This suggests that Kegel Exercise can result in a decrease in perineum pain with an average decrease of 6,260.

In group 2 (Sough Relaxation Exercise), got the mean of pre test of 8,910 ± 0,990 and post test value 5,450 ± 1,289 with difference 3,460 ± 1,660. This suggests that the provision of Sough relaxation exercise can result in a decrease in pain with an average decrease of 3,460.

Table 2: Normality Test

Group of Data	*Shapiro- Wilk Test*			
	1st Group		2nd Group	
	Stat	p	Stat	p
Pre-test	0,827	0,031	0,818	0,024
Post-test	0,737	0,002	0,834	0,037

Table 2 showed the results of the normality test with Shapiro-Wilk Test. In group 1 (Kegel Exercise), the results obtained Shapiro-Wilk test before intervention with p value <0,05, after intervention with p value <0,05. This shows that group 1 (Kegel Exercise) data is not normally distributed.

In group 2 (Sough relaxation exercise), the result of Shapiro-Wilk test was obtained before intervention with p

value <0,05, after intervention p <0,05. This suggests that group 2 data (Sough relaxation exercise) is not normally distributed.

Looking at the overall results of the requirements analysis test above, the researcher can decide to use non parametric statistic test (Wilcoxon test) for each group of samples (group 1 and group 2) and non-parametric statistic test (Mann-Whitney Test) to prove the magnitude of the effect between the two sample groups as the choice of statistical tests.

Table 3: Wilcoxon Test Results on Kegel Exercise Group and Sough Relaxing Exercise Group

Group of Data	1st Group		2nd Group	
	Pre Test	Post Test	Pre Test	Post Test
Mean	8,920	2,660	8,910	5,450
SB	0,623	0,705	0,990	1,289
p	0,005		0,005	

The table 3 showed the Wilcoxon Test results on the Kegel Exercise group and the Sough Relaxing Exercise Group. In the Kegel Exercise group, with p value = 0,005 <0,05 which means that there is a significant difference after kegel exercises. This suggests that giving kegel exercises can have a significant effect on the decrease of perineum pain in post partum mothers.

In the sough relaxation group, with the p value = 0,005 <0,05 which means that there is a significant difference after the inner relaxation breathing exercises. This suggests that the provision of sough relaxation exercises may have a significant effect on the decrease in perineum pain in post partum mothers.

Table 4: Mann-Whitney Test Results on VAS Values between Kegel Exercise Group and Sough Relaxation Exercise

Group of Data	1st Group	2nd Group
Mean Differences	6,260	3,460
SB	0,705	1,2895
p	0,000	0,000

The table 4 showed Mann-Whitney Test result that is p value = 0,000 <0,05 meaning that there is significant difference between result of therapy group of kegel exercise with group of relaxation of breath deep. Similarly, seen from the mean difference value indicate the difference of treatment result which in group of kegel exercises produce decrease of perineum pain in post partum mother bigger that is 6,260 from group of sough relaxation that produce decrease of perineum pain 3,460.

This suggests that the provision of Kegel exercises can result in a significantly greater decrease in perineum pain in post-partum mothers than in sough relaxation exercises.

4. Discussions

Based on the results of the research can be seen that before kegel exercise intervention, the mean value of pain was 8,920 and standard deviation was 0,6233. After the kegel exercises intervention the mean value of pain changed to 2,660 and standard deviation to 0,7058.

The pain felt by postpartum mothers after kegel exercises decreased from the mean value of pre test pain was 8,920 to the mean value of post test 2,660 with average difference of 6,260. This is caused by doing kegel exercises properly will accelerate blood circulation to the perineum and surrounding areas and the stretching of the perineum muscles, this will help reduce the pain felt by the postpartum mother because it will be more comfortable with the wound of the perineum which used to be moved after giving birth with a exercise exercises kegel, other than that the perineum wound will also soon recover, because the muscle function and blood circulation back to normal [2].

Contraction and relaxation of these muscles also help to relieve discomfort in the perineum, this feeling may arise due to childbirth, and the goal of recovery by improving local circulation and reducing edema [7]. This is in line with the research by Martini [8] entitled "The Effectiveness of Kegel Exercise to Accelerate Perineum Wound Healing in Postpartum Mother Kalitengah Communiy Health Center Lamongan" which result showed p = 0,001 (p <0,05) so it can be concluded that kegel exercises effective to accelerate wound and reduce perineum pain.

Result of the research showed that before sough relaxation exercise intervention, the perineum pain has a mean value of pain 8.910 and standard deviation 0.9905. After the sough relaxation exercises the mean value of pain changed to 5,450 and standard deviation 1.2895.

In accordance with the opinion by Sulistyangsih (2010), that perineum pain in postpartum mothers can be caused by perineum tissue ruptured by labor, the process of perineum elasticity after delivery, tears in the nerves around the wound, perineum seams, swelling or abrasions around the vagina and emphasis baby's head at birth [2].

Pain felt by post partum mother after sough relaxation exercises was decrease, from pain mean value of pre test was 8,910 become mean value of post test 5,450 with average difference 3,360. This is because after the sough relaxation the mother feel more calm and relaxed so that the pain impulse is felt less. This also fits with Potter & Perry's theory that relaxation can help reduce pain [2].

The technique of sough relaxation exercise is believed to stimulate the body to release endogenous opioids, namely endorphins and encephalin. Endorphin hormone is a type of substance that morphine serves as a barrier to the transmission of pain impulses to the brain. So when the peripheral pain neuron sends a signal to the synapse, there is a synapse between the peripheral neurons and the neuron that leads to the brain where the

substance P should produce an impulse. At that time, endorphins will block the release of P substances from sensory neurons, so the pain sensation becomes lessened [9].

The decrease on pain intensity experienced by the respondents is due to increased focus on the pain experienced by respondents to switch to the implementation of deep breathing relaxation so that the supply of oxygen in the tissues will increase and the brain can relax. The relaxed brain will stimulate the body to produce endorphins to inhibit the transmission of pain impulses to the brain and can decrease the sensation of pain that ultimately causes the pain intensity experienced by respondents is reduced [9].

This is also in line with the research by Imamah and his colleagues [10] entitled "The Effect of Relaxation Technique on Pain Reduction of Perineum Suture Injury on Post Partum Mother at Muhammadiyah Hospital Lamongan" from the results of the study obtained p = 0,001 (p <0,05) it means that there is influence of relaxation technique to decrease pain of perineum wound at post partum mother.

There is a difference in the effect of Kegel exercises compared to the deep breathing relaxation exercises against the decrease in perineum pain in post partum mothers after the intervention. This study showed that after the average kegel exercises and the difference of post partum mother pain mean was 2,660 ± 6,260 while after the relaxation exercises in the mean breath and the difference of post partum mother's pain was 5,450 ± 3,460. This showed that with Kegel exercises the postpartum mother's perineum pain is lessened compared to the post partum mother who exercises with sough relaxation technic.

The difference of the influence due to because kegel exercises that performed by post partum mother will directly affect the pelvic floor muscles and blood circulation in the perineum becomes more smooth so it can reduce pain. While the sough relaxation exercise in the way of pain relief is dependent on the psychology and tranquility created by the mother. Most mothers are not able to concentrate properly when they feel pain in the perineum so that the postpartum mothers do not experience significant pain relief when compared with the Kegel exercise group.

So it can be said that Kegel exercises greater influence compared with the sough relaxation exercises against the decrease in perineum pain in post partum mothers.

This is in line with the research Makzizatunnisa and Hidayah [2] entitled "Kegel Exercise and Relaxation of Breath Effectiveness In the Perineum Pain on Post Partum Mother in BPM Prima Boyolali" which result showed there were different effects of kegel exercises and relaxation of breath (p- value 0.036 where 0.036 <0.05 thus concluded Kegel exercises are more effective than deep breathing relaxation).

5. Conclusion

Abdominal exercise and kinesio taping resulted in significant dysmenorrhea changes. giving of warm compresses and kinesio taping results in significant dysmenorrhea changes. Abdominal exercise and kinesio taping were significantly more influential than warm compresses and kinesio taping on dysmenorrhea changes.

Conflict Interest

The author declares there is no conflict interest.

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