



Post Partum Midwifery Care in Ny. D P: li A: o At the Eliza Bestari Sinaga Midwifery Clinic, Sst M. Kes West Kisaran District Asahan District Year 2020

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ABSTRACT

The postpartum period (puerperium) begins after the delivery of the placenta and lasts until the reproductive organs return to their pre-pregnancy state, typically 6 weeks or 42 days. Postpartum maternal health services are critical during this period, with at least four recommended visits to monitor and support maternal recovery. An estimated 60% of maternal deaths related to pregnancy occur postpartum, with 50% occurring within the first 24 hours due to factors such as infections, bleeding, and complications like eclampsia. Postpartum care is essential for assessing maternal and neonatal health, preventing complications, and managing any arising health issues. According to the World Health Organization, more than 2 per 100 mothers die during pregnancy, childbirth, and the postpartum period, with bleeding and infections being significant contributors. In Indonesia, maternal mortality rates remain a concern, although postpartum service utilization in health facilities improved from 66.7% in 2013 to 79.3% in 2018. In North Sumatra, maternal mortality decreased from 240 in 2016 to 194 in 2017, with 5 deaths reported in Asahan Regency in 2017. A study conducted at the Eliza Bestari Sinaga Midwife Clinic, West Kisaran District, Asahan Regency, documented 14 postpartum mothers from January to June 2020. This case study highlights the ongoing high maternal mortality rates during the postpartum period and underscores the critical need for appropriate postpartum care. The author's interest in addressing these issues led to a case study titled "Postpartum Midwifery Care for Mrs. D P: li A: o at the Eliza Bestari Sinaga Midwife Clinic, West Kisaran District, Asahan Regency in 2020," aiming to evaluate the effectiveness of postpartum care practices in improving maternal health outcomes.

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1. INTRODUCTION

The postpartum period (puerperium) begins after the placenta is born and ends when the reproductive organs return to their pre-pregnancy state, which lasts for 6 weeks or 42 days. Postpartum maternal health services are health services for postpartum mothers according to standards, which are carried out at least 4 times according to the recommended schedule, namely at six hours to 8 hours after

delivery, on the sixth day after delivery, at 2 weeks after delivery and at 6 weeks after delivery (Yetti, 2019).

It is estimated that 60% of maternal deaths due to pregnancy occur after delivery and 50% of postpartum deaths occur in the first 24 hours. Maternal deaths during the postpartum period are usually caused by postpartum infections (10%), this occurs due to lack of wound care, bleeding (42%) due to tears in the birth canal, remaining placenta and uterine atonia, eclampsia (13%) and postpartum complications (11%). Postpartum care is very necessary because this period is a critical period for both the mother and her baby (Lidya, 2017). Postpartum visits are conducted to assess the health conditions of the mother and baby, prevent health problems, detect complications and handle problems that occur (Marmi, 2019).

The World Health Organization (WHO) estimates that more than 2 per 100 mothers die during pregnancy, childbirth and postpartum caused by various factors, high-risk pregnancies, childbirth ending in complications and postpartum infections and the highest is childbirth with bleeding. The high mortality rate of pregnant, postpartum and postpartum mothers indicates poor health services, complications not only occur during pregnancy and childbirth, postpartum infections also contribute to maternal mortality (Ministry of Health of the Republic of Indonesia, 2015).

According to the 2018 Basic Health Research, normal or postpartum delivery services in health facilities in 2018 in Indonesia were 79.3% and in 2018 complete KF services increased from 32.1 to 37% in Indonesia, around 38.0% more than in 2013. One of the indicators is increasing the proportion of pregnancy check-ups from 92.2% to 96.1%. The next factor is the proportion of deliveries in health facilities from 66.7% in 2013 to 79.3% in the 2018 survey. (Riskesdas, 2018).

The maternal mortality rate in North Sumatra reached 194 people in 2017, this number has decreased from 2016 which was 240 people (Waspada, 2018).

The maternal mortality rate in Asahan Regency in 2017 was 5 people, consisting of maternal deaths aged 20-34 years as many as 4 people and maternal deaths aged ≥ 35 years as many as 1 person. So the total number of maternal deaths in Asahan Regency was 5 people (Dinkes, 2017)

Based on the results of the documentation study conducted by the author at the Eliza Bestari Sinaga SST, M. Kes Midwife Clinic, West Kisaran District, Asahan Regency in 2020, 14 postpartum mothers were obtained in the period from January 2020 to June 2020 (BPM Eliza, 2020).

Based on the various facts that have been explained above, maternal mortality during the postpartum period is still high and the importance of care for postpartum mothers, so the author is interested in conducting a case study entitled "Postpartum Midwifery Care for Mrs. D P: II A: o at the Eliza Bestari Sinaga Midwife Clinic, West Kisaran District, Asahan Regency in 2020.

2. RESEARCH METHOD

Midwifery management is a problem-solving process approach used as a method to organize thoughts and actions based on scientific theory, findings, skills in a logical sequence / stages for client-focused decision making. According to Helen Varney, the midwifery management process consists of 7 steps (Elisabeth Siwi Walyani), namely:

Step I: Assessment

Assessment is a step to collect all accurate and complete data from all sources related to the client's overall condition, including:

- Name: used to differentiate between one client and another.
- Age: recorded in years to determine risks such as being less than 20 years old, immature reproductive organs, mental and psychological readiness. While those over 35 years old are very susceptible to bleeding during the postpartum period
- Tribe or Nation: to determine customs or culture
- Religion: to determine how we provide support to mothers during care.
- Education: influences midwifery actions and to determine the extent of their intellectual level, so that midwives can provide counseling according to their education.

- Occupation: the mother's heavy work can cause the mother to become exhausted and can affect the inhibition of involution, impaired lactation and the obstructed postpartum period.
- Address: to find out the state of residence (Marmi, 2019).

Step II: Data Interpretation

Basic interpretation is the identification of the diagnosis, problems and needs of postpartum mothers based on the correct interpretation of the data that has been collected.

a. Basic data:

- Obstetric diagnosis

A diagnosis established by the profession (midwife) within the scope of midwifery practice and meets the standard nomenclature (nomenclature) of obstetric diagnosis, namely:

b. Basic:

- First day of postpartum mother
- Normal bleeding (Vivian Nany and Tri Sunarsih, 2019).

c. Problems

A problem is formulated if the midwife finds a gap in the mother's response to the postpartum period. This problem occurs and is not included in the existing diagnosis formulation, but the problem requires midwife handling, so the problem is formulated after the diagnosis. The problem is related to the mother's psychological condition, normally there is no problem. 3. Needs

Based on the general condition and physical condition of the mother, further counseling is usually needed (Marmi, 2019).

Basis:

- Explanation of the nausea that disturbs the mother's comfort.
- Explanation to the mother that she does not need to worry about her condition.

Step III: Potential Diagnosis.

This step is an identification step, so that in carrying out midwifery care, midwives are required to anticipate problems that will arise from existing conditions (Marmi, 2017).

Potential diagnosis during normal postpartum period usually there is no potential diagnosis (Marmi, 2019).

Step IV: Need for Immediate Action

After formulating the actions that need to be taken to anticipate the diagnosis/potential problems in the previous step, the midwife must also formulate emergency actions that must be formulated to save the mother and baby, independently, collaboratively or by referral based on the client's condition (Marmi, 2017). Usually in normal postpartum, collaboration with doctors or other health teams is not carried out.

Step V: Midwifery Care Plan

This step is determined from the results of the study in the previous step. If there is incomplete information/data, it can be completed. It is a continuation of the management of problems or diagnoses that have been identified or anticipated which are immediate or routine in nature.

The care plan is made based on appropriate considerations, both from knowledge, up-to-date theories, and validated with the patient's needs. The preparation of the care plan should involve the patient. Before implementing the care plan, an agreement should be made between the midwife and the patient into informed consent (Walyani and Purwoastuti, 2017).

Example:

- Encourage the mother to have early contact as often as possible with the baby.
- Encourage the mother to do early mobilization (Vivian Nany and Tri Sunarsih, 2019).

Normal Postpartum Planning according to Yetti (2019):

- Observation: Including general condition, awareness, vital signs, uterine fundus height, uterine contractions, advise the mother to urinate immediately, observe early mobilization and explain its benefits.

- Personal hygiene: Tell the mother how to maintain the cleanliness of the genital area, change pads at least four times a day or every time after urinating.
- Rest: Tell the mother enough rest and its benefits.
- Nutrition: Tell the mother to eat nutritious, quality and sufficient calories, drink 3 liters of water a day or a glass after each breastfeeding and take Fe tablets.
- Breast care: Teach how to maintain breast hygiene, give exclusive breastfeeding until the baby is 6 months old.
- Sexual intercourse: Provide an understanding of when sexual intercourse can be done
- Family planning: Encourage the mother to follow family planning according to her wishes.

Step VI: Implementation

Actions are carried out by the Midwife who is responsible for directing the continuity of subsequent Care (Walyani and Purwoastuti, 2017).

This step is the implementation of the counseling care plan for clients and families. Directing or implementing the care plan safely and efficiently (Yetti, 2019):

- Observation: Including general condition, awareness, vital signs, uterine fundus height, uterine contractions, encouraging the mother to urinate immediately because if the bladder is full it will inhibit the uterine involution process, encouraging the mother to mobilize early to facilitate the release of lochia and improve blood circulation.
- Personal hygiene: Maintaining the cleanliness of the genital area, changing pads at least four times a day or every time after urinating
- Rest: Advising the mother to take enough naps so that she is not too tired. Providing an understanding to the mother, if not enough rest can cause less breast milk production, the involution process is slow so that it can cause bleeding.
- Nutrition: Consuming nutritious, quality and sufficient calorie foods, mothers should eat foods that contain protein, vitamins and minerals, drink 3 liters of water a day or a glass after each breastfeeding and take Fe tablets for 40 days after delivery and take Vit A so that they can provide vitamin A to their babies through breast milk.
- Breast care: Maintaining breast hygiene and providing exclusive breastfeeding until the baby is 6 months old.
- Sexual intercourse: Providing an understanding of when sexual intercourse can be done
- Family planning: Encouraging mothers to follow family planning after the postpartum period has passed according to their wishes.

Step VII: Evaluation

In this step, an evaluation of the effectiveness of the care that has been provided is carried out. The evaluation is based on the patient's expectations identified when planning midwifery care. To determine the success of care, midwives have certain considerations, including; the purpose of midwifery care; the effectiveness of actions to overcome problems; and the results of midwifery care (Walyani and Purwoastuti, 2017).

Evaluate the effectiveness of the care provided, repeat the management process correctly for each aspect of care that has been implemented but is not yet effective or re-plan what has not been implemented (Yetti, 2017).

3. RESULTS AND DISCUSSIONS

Case Review of Midwifery Care For Post-Term Mother Ny. D P:li A:o At Eliza Bestari Midwife Clinic Sinaga Kisaran 2020

Data Collection

- | | | | |
|------------------|----------------|----------------|----------------|
| A. IDENTITY | | | |
| B. Mother's Name | : Ny.D | Husband's Name | : Tn. M |
| C. Age | : 27 years old | Age | : 28 years old |
| D. Religion | : Islam | Religion | : Islam |

E. Tribe/Nationality: Jawa/Indonesia Tribe/Nationality : Jawa/Indonesia
 F. Education : High School Education : High School
 G. Jobs : Housewife Jobs : Self-employed
 H. Home Address : Jl.Sriti 1 Home Address : Jl. Sriti 1

Anamnesis

- Date : June 21, 2020 Time: 13.00 WIB
1. Main complaint: Heartburn in the stomach.
 2. History of Childbirth and Pregnancy : P: II A : o
 - 2.1. Types of Childbirth : Spontaneous / LBK
 : Sect.
 Indication : Inpartu
 Date : June 21, 2020 O'clock : 11.00 WIB
 - 2.2. Gender of child born : Man Woman
 Baby born : June 21, 2020 Time: 11.00 WIB
 Gestation Period : 39 weeks
 Apgar Score : 9/10
 Baby BB : 3100 grams
 PB : 50 cm
 Baby's condition : Good
 - 2.3. Birth History
 - Types of Childbirth : Spontaneous /LBK Sect.
 - Amniotomy : There is There isn't any
 - Premature rupture of membranes: There : There isn't any
 - Amniotic fluid color : Clear
 - Smell : Typical
 - Amount : 300cc
 - Old Time I : 8 Hours- Minute
 - Old Time II : O'clock 15 minutes
 - Old Time III : O'clock 10 minutes
 - Placenta is born : Complete Incomplete
 - O'clock : 11.10 WIB
 - Number of Cotyledons : 20 pieces
 - Placenta Weight : 500 grams
 - Umbilical cord length : 50 cm
 - Tear : There is There isn't any
 - If there is a degree of tear : 1 2 3 4
 - Old Time IV : 2 hours.
 - 2.4. Amount of Bleeding
 - Time I : 30cc
 - Period II : 40cc
 - Period III : 45cc
 - Period IV : 50cc
 - 2.5. Diseases and Complications
 - High blood pressure : There isn't any
 - Seizures : There isn't any
 - Infection : There isn't any
 - Etc : There isn't any
 - If there is, please mention it : There isn't any
 - Actions during labor : There is There isn't any
 - If there is, please explain : There isn't any
 - 2.6. Post Partum History

- Elimination
 - BAK : Frequency 4 x/day
 - Complaint : There is There isn't any
 - If there is, please explain : There isn't any
 - CHAPTER : Frequency 1 x/day
 - Complaint : There is There isn't any
 - If there is, please explain : There isn't any
 - Rest
 - : Afternoon 2 O'clock
 - O'clock : 13.00 to 15.00 WIB
 - Complaint : There is There isn't any
 - If there is, please explain : There isn't any
 - Evening : 8 Hours
 - O'clock : 21.00 to 05.00 WIB
 - Complaint : There is There isn't any
 - If there is, please explain : There isn't any
- 2.7. Eating & drinking patterns
- . Eat : Rice + Side Dish + Side Dish + Fruit
 - Frequency : 3x / day
 - Portion : Currently
 - Appetite : Good Not good
 - . Drink : Water
 - The amount : 8 glasses / day
- 2.8. Mother's acceptance of the baby : wanted Undesirable
- Lactation : given Not given
- Complaints during breastfeeding: There are There isn't any

Physical Examination (Objective Data)

1. Emotional Status : Good
2. Vital Signs
 - TD : 110/80 mmHg
 - Temp : 37°C
 - BB : 57 kg
 - TB : 158 cm
 - HR : 80 x/i
 - RR : 20 x/i.
3. Special Obstetrics Examination
 - Breast : Symmetrical Asymmetrical
 - Nipple : Stand out Not prominent
 - Areola Mammary
 - Hyperpigmentation : There is There isn't any
 - Colostrum secretion: There is There isn't any
 - Abnormalities : There is There isn't any
 - If there is, please mention it : There isn't any
 - Abdomen
 - Surgery scars : There is There isn't any
 - Uterus
 - Consistency : Hardening Soft
 - Uterine Contractions : There is There isn't any
 - Uterine Position : Anteflexion Retroflexion
 - Lochia Discharge : Rubra
 - Color : Red
 - Smell : Fishy

- Contention :thick
 Volume :±50 cc
 How many times do you change the doek? :3x a day
- Perineum
 - , Tear : There is There isn't any
 - , Episiotomy : There is There isn't any
 - , Type : Medialis Mediolateral Lateral
 - Cleanliness : Clean Not clean
 - Hemorrhoids : There is There isn't any
 - Varicose : There is There isn't any
 - Bladder : Blankg Full
 - Extremities
 - Edema : There is There isn't any
 - Patellar reflex :
 - Left : There is There isn't any
 - Right : There is There isn't any
 - Varices in the legs : There is There isn't any
 - Redness on the legs: There is There is There isn't any
 - Supporting examination: (not performed)
 - Blood : Are not done
 - HB : Are not done
 - Leukocytes : Are not done
 - Urine : Are not done

Post Partum Midwifery Care for Mrs. Dp: Ii A:o At the Eliza Bestari Clinic Sinaga Sst M. Kes West Kisaran District, Asahan Regency In 2020

Name : Mrs. D
 Age : 28 years
 Diagnosis : Mrs. DP: II A: o age 28 years, 2 hours postpartum

No	Day/Date	Data	Diagnosis, Problems and Needs	Potential Diagnosis	Urgent Needs/ Collaboratio n	Planning	Implementation	Evaluation
1	Sunday , June 21, 2020 Time: 13.00 WIB	1). Ds: - Mother said this is the 2nd child - Mother said she gave birth 2 hours ago, the baby was born normally at 11.00 WIB, male gender.	Diagnosis: Mrs. DP: II A: O, 2 hours post partum normal Problem: mother feels stomach cramps (pain) Need : - Describe the pain that the mother feels - Teach mothers about mobiliza	There isn't any	There isn't any	1. Tell your mother's current condition 2. Describe the nausea and anxiety experienced by the mother 3. Advise the mother to do early mobilization. 4. Advise mothers to breastfeed their babies as early as possible and maintain the baby's body temperature. 5. Advise the mother to get enough rest.	1. Informing about mother's condition, currently mother is in good condition. Vital signs: - BP : 110/80mmHg - HR : 80*/i - RR : 20 x/i - Temperature: 36.8oc -TFU: 2 fingers below the center. - Bleeding: 50 cc 2. Explain the feeling of nausea and anxiety experienced by the mother. In the first week after the baby is born, the mother usually experiences stomach cramps/colic which are caused by	1. Mother already knows the condition, that mother is in good condition. 2. Mother already knows that the nausea and anxiety she experiences are physiological. 3. Mother has initiated early breastfeeding. 4. Mom already understands and will get enough rest. 5. Mother will consume nutritious food

	<ul style="list-style-type: none"> - Mom said she still had stomach cramps. - Mother said she felt anxious - Mom said she still felt weak - Mother said her breast milk was still not coming out smoothly. <p>2). Do: K/U: Good Vital Signs :</p> <ul style="list-style-type: none"> o BP: 120/80 mmHg o HR: 80x/i o RR: 20x/i o Temp : 36.80 c <p>TFU: 2 fingers below the center Contraction: good Genitalia :</p> <ul style="list-style-type: none"> o Lochia rubra o Blackish red color o Stench o Bleeding 50 cc <p>There is no tear in</p>	tion, rest and nutrition needs.			<p>6. Encourage mothers to consume nutritious foods.</p> <p>7. Give mother drug therapy</p>	<p>contractions and last only a short time. This causes the mother to feel anxious about herself.</p> <p>3. Encourage the mother to do early mobilization. Early mobilization is highly recommended to reduce bladder complications and prevent constipation. In 1-2 hours after delivery the mother should practice deep breathing and simple leg exercises and should sit and swing her legs on the edge of the bed.</p> <p>4. Encourage mothers to breastfeed their babies as early as possible and maintain the baby's body temperature. Baby's sucking stimulates the production of oxytocin which helps reduce bleeding. With frequent breastfeeding, uterine contraction will occur faster and better.</p> <p>5. Encourage mothers to get enough rest Postpartum mothers need enough rest. A woman in the postpartum and breastfeeding period needs more time to rest. Because they are in the healing process, especially the reproductive organs and for breastfeeding needs.</p> <p>6. Encourage mothers to consume nutritious foods.</p>	6. Drug therapy has been given.
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		the perineum				<p>Mothers are advised to have enough:</p> <ol style="list-style-type: none"> The need for a balanced diet, containing lots of protein, high-fiber foods and 8-10 glasses of water a day to prevent constipation. The need for a greater number of calories per day to support the lactation process. The need for foods containing iron, supplements and folic acid. <p>7. Giving the mother drug therapy</p> <ul style="list-style-type: none"> - Amoxicilin 3x1 - Mefenamic acid 3x1 - Fe Tablet 1x1 	
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Progress Notes I

No	Day/Date	Subjective	Objective	Assesment	Planning
	Sunday, June 21, 2020 Time: 19.00 WIB	<ol style="list-style-type: none"> Mother said she gave birth 6 hours ago, the baby was born normally at 11.00 WIB, gender: male. Mother said she had urinated at 16.00 WIB Mother said she had consumed the drug and vitamin therapy given by the midwife. Mother said she was still weak and still felt stomach cramps. Mom said she had started walking to the bathroom slowly. 	<ol style="list-style-type: none"> K/U: Good <ul style="list-style-type: none"> BP: 120/80 mmHg HR: 80x/i RR: 20x/i Temp: 36.80c TFU: 2 fingers below the center Contraction: good Genitalia : <ul style="list-style-type: none"> Lochia : rubra Color: blackish red Stench Bleeding 50 cc There was no perineal tear. 	Mrs. DP: II A: 0, 6 hours Post Partum Normal	<ol style="list-style-type: none"> Inform the mother about her current condition, she is in good condition. <ul style="list-style-type: none"> Vital Signs : <ul style="list-style-type: none"> BP: 110/80 mmHg HR: 80x/i RR: 20x/i Temp: 36.80c TFU: 2 fingers below the center Bleeding: 50 cc Tell mothers to always maintain personal hygiene, namely: <ul style="list-style-type: none"> Frequently clean the perineum area to increase comfort and prevent infection. This is most often done by running warm water (antiseptic may be added) over the vulva and perineum after urination or defecation. Avoid direct spraying. Changing pads should be done frequently, at least after cleaning the perineum or after urinating or defecating. Telling the mother how to properly care for her baby. This baby care consists of efforts to maintain the baby's cleanliness, breastfeeding, umbilical cord care, namely: <ul style="list-style-type: none"> Maintaining baby's cleanliness, providing explanations and demonstrating how to bathe a baby, aims to provide a fresh feeling, maintain cleanliness, and stimulate the skin. When bathing a baby, the following must be considered: <ul style="list-style-type: none"> Prevent cold Prevent water from entering the mouth, nose and ears.

					<ul style="list-style-type: none"> Pay attention to any abrasions (on the baby's buttocks, skin folds and armpits) <p>4. Tell mothers how to care for their breasts. Breast care serves to prevent problems that may arise in breastfeeding mothers by providing special care, namely by stimulating the breast muscles.</p> <p>The method :</p> <ul style="list-style-type: none"> Washing hands Both palms are oiled Support the left breast with the left hand, make a circular motion while pressing with three fingers of the right hand, starting from the base of the breast and ending at the nipple area. Next, support the breast with the left hand, while the right hand massages the breast with the little finger from the base of the breast towards the nipple. Do this about 30 times. <p>Evaluation: Time: 20.00 WIB</p> <ol style="list-style-type: none"> A vital sign examination has been carried out and the mother is in good condition. Tell mothers to always maintain personal hygiene. Telling mothers how to care for their babies. Telling mother how to care for
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Progress Notes II

No	Day/Date	Subjective	Objective	Assesment	Planning
1	Monday, June 22, 2020 Time: 10.00 WIB	<ul style="list-style-type: none"> Mom said postpartum 1 day. Mom said she could go home today. Mother said the stomach cramps had decreased and she no longer felt anxious. Mom said she still felt a little tired. 	<ul style="list-style-type: none"> KU: Okay Consciousness: Compos mentis Vital signs: <ul style="list-style-type: none"> BP: 120/80 mmHg. HR: 80x/i RR: 20x/i Temperature: 37.50c TFU: 2 fingers below the center. Lochia: Rubra, red color, fishy odor, amount of bleeding 50 cc. 	Mrs. DP: II A: 0, 1 day Post partum normal	<ol style="list-style-type: none"> Inform the mother of the normal examination results. <ul style="list-style-type: none"> -Vital signs: <ul style="list-style-type: none"> BP: 120/80mmHg. HR: 80x/i RR: 20x/i Temperature: 37.50c -TFU: 2 fingers below the center. -Locus: rubra Informing the patient's mother that the patient is going home is: <ul style="list-style-type: none"> Danger signs during the postpartum period: <ol style="list-style-type: none"> High fever exceeding 390c Sudden increased vaginal bleeding (more than normal menstrual bleeding or if you need to change your sanitary napkins twice in half an hour) accompanied by foul-smelling blood clots Severe abdominal pain/pain in the lower abdomen or back, as well as heartburn. Severe/persistent headache and blurred vision/vision problems. Swelling of the face, feet, fingers or hands. Pain, redness or swelling in the calf or foot. Breasts are swollen, reddish, tender and accompanied by fever. Loss of appetite

- 9) Unable to defecate within 3 days / pain when urinating.
- 10) Feeling very sad or unable to care for her baby or herself.
- Notify the mother of return visits or if there are complaints.
Mother can visit or if there are complaints.
3. Teaching mothers how to care for their baby's umbilical cord
- Until the umbilical cord dries and falls off, infection can occur in this area so it must be kept clean and dry.
 - If the umbilical cord smells, is reddish and there is discharge of fluid, the mother should visit a health facility.
4. Encourage mothers to only give breast milk to their babies
- Exclusive breastfeeding is the provision of breast milk for 6 months without being mixed with additional foods such as formula milk, oranges, honey and additional solid foods such as bananas, papaya, biscuits, rice porridge, after the baby is 6 months old, complementary foods can be given. While breast milk can be given until the age of 2 years.
- Evaluation:**
Time: 11.00 WIB
1. Mother already knows the results of the vital sign examination and everything is normal.
 2. The mother has understood the health education provided by the midwife, namely about danger signs in postpartum mothers and return visits.
 3. Mother already understands how to care for the umbilical cord.
 4. The mother promised to only give breast milk to her baby.

Progress Notes III

No	Day/Date	Subjective	Objective	Assesment	Planning
1	Saturday, June 27, 2020 Time: 11.00 WIB	<ul style="list-style-type: none"> ○ Mom said postpartum 6 days. ○ Mother said that she was in good condition. ○ Mother said she had started her normal activities. ○ Mother said that breast milk production is smooth ○ Mother said it hurts when breastfeeding her baby 	<ul style="list-style-type: none"> ○ KU : Okay ○ Consciousness: Compos mentis ○ Vital signs: <ul style="list-style-type: none"> ● BP: 120/80 mmHg. ● HR : 80 x/i ● RR : 20x/i ● Temperature: 36.50c ○ TFU: mid navel and symphysis ○ Lochia: sanginulenta, reddish brown in color and slimy 	Mrs. AP II A0, 6 days Normal postpartum	<ol style="list-style-type: none"> 1. Performing a vital sign check: <ul style="list-style-type: none"> ○ Vital signs: <ul style="list-style-type: none"> ● BP: 120/80mmHg. ● HR: 80 x/i ● RR: 20 x/i ● Temperature: 36.50c ○ TFU: mid-center and symphysis ○ Lochia: sanginulenta, reddish brown mixed with mucus 2. Teaching mothers how to breastfeed properly. <ul style="list-style-type: none"> ○ Before breastfeeding, express a little breast milk and rub it on the nipples and surrounding area. This is useful as a disinfectant and to maintain the softness of the nipples. ○ The baby is placed facing the mother's stomach <ul style="list-style-type: none"> ● Mother sitting or lying down ● The baby is held in one arm, the baby's head rests on the arm. The baby's head should not be tilted back and the baby's bottom should be supported by the mother's palm. ● Baby attached to mother, baby's head facing breast (not just turning baby's head)

- Mother looks at the baby with love.
 - Hold the breast with the thumb on top and the other fingers supporting it underneath, do not just press the nipple and areola.
 - Babies are stimulated to open their mouths (rooting reflex) by:
 - Touching the baby's cheek with the nipple
 - Touching the side of the baby's mouth
 - After the baby opens his mouth, the baby's head is quickly brought close to the mother's breast with the nipple and areola inserted into the baby's mouth.
 - Try to get most of the areola into the baby's mouth, so that the nipple is under the roof of the mouth and the baby's tongue will press the breast milk out of the breast milk reservoir located under the areola.
 - Once the baby starts sucking, the breast no longer needs to be held or supported.
 - After the baby has breastfed on one breast until it feels empty, it is best to switch to the other breast. How to release the baby's suction:
 - The mother's little finger is inserted into the baby's mouth through the corner of the mouth
 - Press the baby's lower chin
 - The next feeding starts from the breast that has not been emptied (the last one sucked).
 - After finishing breastfeeding, the baby is burped with the aim of expelling air from the stomach so that the baby does not vomit, by:
 - The baby is carried upright and leaning on the mother's shoulder, then the baby's back is patted slowly.
3. Encourage mothers to do postpartum exercises.
- Postpartum gymnastics is gymnastics that mothers do after giving birth after their bodies have recovered.
 - Objective :
reduces pain and tightens muscles (abdominal muscles, vaginal muscles, pelvic floor muscles) improves blood circulation and accelerates involution.
 - The method :
 - Lie on your back on a comfortable surface, with both knees bent and supported by a small pillow.
 - Place both hands on your stomach, close your eyes and start paying attention to the rhythm of your breath.
 - Take a breath, stomach and hands rise up, tighten the stomach muscles out. Hold, until the count of five.
 - Exhale, stomach and hands down, stomach muscles rise inward, hold until the count of five. Repeat 3 to 5 times

Evaluation

Time: 12.30 WIB

1. Mother already knows the results of the examination, her condition is good.
2. Mother already knows the correct way to breastfeed.
3. Mother will do postpartum exercises.

Progress Notes IV

No	Day/Date	Subjective	Objective	Assesment	Planning
1	Sunday, July 05, 2020 Time: 10.00 WIB	<ul style="list-style-type: none"> ○ Mom said postpartum 2 weeks ○ Mother said that she was in good condition. ○ Mother said she could take care of her baby herself ○ Mother said that there was no longer any pain when breastfeeding her baby. 	<ul style="list-style-type: none"> ○ KU : Okay ○ Consciousness: Composmentis ○ Vital signs: <ul style="list-style-type: none"> • BP: 120/80 mmHg. • HR : 88x/i • RR : 20x/i • Temperature: 36.50c ○ TFU: no longer palpable ○ Lochia: serous, brownish yellow in color 	Mrs. AP II A0, 2 weeks Postpartum normal	<ol style="list-style-type: none"> 1. Performing a vital sign check: <ul style="list-style-type: none"> ○ Vital signs: <ul style="list-style-type: none"> • BP: 120/80mmHg. • HR:88x/i • RR:20x/i • Temperature: 36.50c ○ TFU: no longer palpable ○ Lochia: serous, brownish yellow in color 2. Telling mother when is the right time to have sex The right time is when the postpartum period (lochia) is over. <p>Evaluation Time: 11.00 WIB</p> <ol style="list-style-type: none"> 1. Mother already knows the situation 2. Mother already knows about contraceptives that do not interfere with breast milk production. 3. Mom already knows when is the right time to have sex.

Progress Notes V

No	Day/Date	Subjective	Objective	Assesment	Planning
1	Sunday, August 02, 2020 Time: 10.00 WIB	<ul style="list-style-type: none"> ○ Mom said postpartum 6 weeks. ○ Mother said that she was fine. ○ The mother said she would give exclusive breast milk to the baby. 	<ul style="list-style-type: none"> ○ KU : Okay ○ Consciousness: Composmentis ○ Vital signs: <ul style="list-style-type: none"> • BP: 120/70 mmHg. • HR : 82x/i • RR : 21x/i • Temperature: 36.70c ○ TFU: no longer palpable ○ Lochia: alba, white color 	Mrs. AP II A0, 2 weeks Postpartum normal	<ol style="list-style-type: none"> 1. Performing a vital sign check: <ul style="list-style-type: none"> ○ Vital signs: <ul style="list-style-type: none"> • BP: 120/70mmHg. • HR:82x/i • RR:21x/i • Temperature: 36.70c ○ TFU: no longer palpable ○ Lochia: alba, white color 2. Mothers can choose contraceptives that do not interfere with breast milk production, namely: progestin pills (mini pills), progestin injections, or implants. Mothers can use contraceptives after the postpartum period ends. <p>Evaluation Time: 11.00 WIB</p> <ol style="list-style-type: none"> 1. Mother already knows the situation 2. Mother already knows about contraceptives that do not interfere with breast milk production.

All data collection is done to make decisions. In data assessment, the data collected includes subjective data obtained from anamnesis and objective data from physical examination (Varney, 2015).

In theory according to Marmi (2019) subjective data in normal postpartum patients, the patient feels abdominal cramps and feels tired after postpartum while objective data for normal postpartum is TFU 2 fingers below the mother's navel, good uterine contractions, red lochia ± 50 cc, fishy smell.

In a case study of Mrs. D P: II A: 0 2 hours postpartum normal, the results of the assessment of objective data were TFU 2 fingers below the mother's navel, good contractions, lochia rubra, red color, fishy smell, 50 cc bleeding. While the mother's subjective data said she still had abdominal cramps, the mother still felt weak, breast milk had not come out smoothly and the mother was anxious about her condition.

Based on the data above, the author's assumption is that there is no gap between theory and practice in the field.

The basic data that has been collected is interpreted so that a specific diagnosis or problem can be formulated, both diagnoses and problems are used because problems cannot be defined like diagnoses but still require treatment (Varney, 2015).

In theory according to Vivian (2019) The obstetric diagnosis of normal postpartum mothers is para, abortion, postpartum. Problems related to the psychological state of the mother, normally there are no problems. The needs of normal postpartum mothers according to Marmi (2019) are an explanation of the nausea that interferes with the mother's comfort, explaining to the mother that the mother does not need to worry about her condition.

In the case study of Mrs. D normal postpartum, the results of the data interpretation were obtained: Mrs. D P: II A: 0 2 hours postpartum, the mother's needs are an explanation of the pain felt by the mother, early mobilization and informing the mother about the need for rest and nutrition.

Based on the data above, the author assumes that there is no gap between theory and practice in the field. In this step, the midwife identifies potential problems or diagnoses based on a series of problems and diagnoses that have been identified and require anticipation if possible, prevention while monitoring the patient (Varney, 2015). Potential diagnoses during normal postpartum usually do not have potential diagnoses (Marmi, 2019).

In the care of Mrs. A P II Ao 2 hours postpartum, there were no potential problems in this care, because the provision of drug therapy and support was in accordance with the needs of postpartum mothers.

Based on the data above, the researcher's assumption is that there is no gap between theory and practice in the field. After formulating the actions that need to be taken to anticipate the diagnosis/potential problems in the previous step, the midwife must also formulate emergency actions that must be formulated to save the mother and baby, independently, collaboratively or by referral based on the client's condition. Usually in normal postpartum, collaboration with doctors or other health teams is not carried out (Marmi, 2019).

In the midwifery care of Mrs. D P: II A: 0, there was no immediate action. So, the author's assumption from the data obtained is that there is no gap between theory and practice in the field carried out by the author.

A comprehensive care plan not only includes what has been identified from the client's condition/problem, but also from the framework of anticipation guidelines for the client (Varney, 2015)

In theory according to Yetti (2017) at this step, care planning is carried out, namely observation (general condition, vital signs, TFU, contractions, encourage the mother to urinate, mobilization), adequate rest, nutritious food, drink water after breastfeeding, take Fe and Vit. A tablets (200,000 units).

In the care of Mrs. D P: II A: 0 2 hours postpartum normal several plans were carried out, namely: inform the mother's current condition (general condition of the mother, vital signs, TFU, contractions), explain the nausea and anxiety experienced by the mother, encourage the mother to mobilize early, encourage the mother to urinate, breastfeed her baby as early as possible, drink water

after breastfeeding, maintain the baby's body temperature, get enough rest, consume nutritious food, and give the mother drug therapy.

From these data, the author's assumption is that there is a gap between theory and practice in the field. In the theory of normal postpartum care plan, it is recommended that the mother urinate, drink water after breastfeeding and be given Vit. A tablets, whereas in the practical study in the field, such planning was not carried out.

Implementation is carried out efficiently based on the planning that has been made (Varney, 2015). In theory according to Yetti (2019) in this step all care plans that have been made are carried out, namely observing (general condition, vital signs, TFU, contractions, encouraging the mother to urinate because if the bladder is full it will inhibit the uterine involution process, carrying out early mobilization to facilitate the release of lochia), encouraging the mother to get enough rest so that she is not too tired and inhibits breast milk production, consuming nutritious food, drinking water after breastfeeding, taking Fe and Vit. A tablets (200,000 units) so that she can provide Vit A to her baby through breast milk.

At Mrs. D carried out several implementations, namely: informing the mother's current condition, explaining the nausea and anxiety experienced by the mother, encouraging the mother to urinate, encouraging the mother to mobilize early, breastfeed her baby as early as possible, maintaining the baby's body temperature, encouraging the mother to get enough rest, consume nutritious food, encouraging the mother to drink water after breastfeeding and giving the mother amoxicillin, mefenamic acid, and Fe tablet therapy.

From the data above, the author's assumption in this care is that there is a gap between the care given and the theory, namely in the steps of encouraging the mother to urinate immediately and giving Vit. A to her baby and drinking water after breastfeeding.

In this step, an evaluation of the effectiveness of the care that has been provided is carried out. The evaluation is based on the patient's expectations identified when planning midwifery care. To determine the success of care, midwives have certain considerations, including; the purpose of midwifery care; the effectiveness of actions to overcome problems; and the results of midwifery care (Walyani and Purwoastuti, 2017).

In this care, what can be obtained from the last evaluation before the patient goes home includes: evaluation of the final results, namely the mother's general condition is good, composmentis awareness, normal vital signs, no signs of infection or complications, the patient is allowed to go home on the first day with a return visit in one week. And on the next visit in the case of Mrs. D, the mother already knows the care provided by the midwife about: danger signs in postpartum mothers and when to have sex, how to care for the umbilical cord and only breastfeed her baby.

The author has evaluated that there was no infection or complication, and the mother understood all the explanations given by the midwife so that the development of the postpartum mother can be assessed.

Based on the results of comprehensive care carried out by the author on postpartum mother Mrs. D P:II A:O, the author's assumption is that there are no obstacles and problems for postpartum mothers.

4. CONCLUSION

After discussing midwifery care for Mrs. D P: II A: o with postpartum, the author gained additional insight into "Postpartum Midwifery Care for Mrs. D P: II A: o at the Eliza Bestari Sinaga Midwife Clinic, West Kisaran District, Asahan Regency 2020" then the author can provide midwifery care for postpartum mothers using Varney's 7 steps as follows. Assessment, in this step the author collects subjective data obtained directly through interviews, namely the mother feels pain in the birth canal and breast milk production is hampered. While objectively based on the results of the examination, everything is normal and uterine contractions are good as indicated by a hardened uterus. Data interpretation, data obtained from the midwifery diagnosis of Mrs. D P: II A: o postpartum there are no problems, it's just that postpartum mothers need an explanation of pain, mobilization, rest and

nutrition. There is no potential diagnosis in the case of Mrs. D because the care given is precise so that there is no gap between theory and practice in the field. Immediate action and collaboration were not taken, because the problems that occurred in Mrs. D can still be handled by a midwife. Planning for Mrs. D observes general conditions, vital signs for the first 2 hours, uterine contractions, bleeding, lochia discharge and signs of infection at 6-8 hours postpartum. Implementation of midwifery care carried out based on the planning that has been made, namely observing general conditions, vital signs for the first 2 hours, uterine contractions, bleeding, lochia discharge and signs of infection at 6-8 hours postpartum. Evaluation of midwifery care shows no infection or complications, and the mother understands all the explanations given by the midwife so that it can be assessed how the development of the postpartum mother is. In this care, the author is able to provide moral support and comprehensive monitoring of postpartum mothers so that complications in the mother do not occur.

REFERENCES

- Anggraini, Yetti. 2019. Asuhan Kebidanan Masa Nifas. Yogyakarta: Pustaka Rihama.
- Ambarwati, Eny Retna dan Diah wulandari. 2019. Asuhan Kebidanan Nifas. Yogyakarta: Nuha Medika.
- Marmi. 2019. Asuhan Kebidanan pada Masa Nifas "Puerperium care". Yogyakarta: Pustaka Pelajar.
- Nanny, Vivian dan Tri Sunarsih. 2018. Asuhan Kebidanan pada Ibu Nifas. Jakarta: Salemba Medika.
- Siwi, Elisabet Walyani dan Th Endang. 2019. Asuhan Kebidanan Masa Nifas & Menyusui. Yogyakarta: PT. Pustaka Baru.
- Sukarni, Incesmi dan Margareth ZH. 2019. Kehamilan, Persalinan dan Nifas. Yogyakarta: Nuha Medika.
- Widyasih, Hesty, dkk. 2019. Perawatan Masa Nifas. Yogyakarta: Fitrayama.
- [https://dinkes.kalbarprov.go.id/wp-content/uploads/2019/03/Laporan- Riskesdas-2018-Nasional.pdf](https://dinkes.kalbarprov.go.id/wp-content/uploads/2019/03/Laporan-Riskesdas-2018-Nasional.pdf) (Diakses pada tanggal 20 Juni 2020, Pukul : 08.30 Wib)
- <https://media.neliti.com/media/publications/286580-analisis-pelaksanaan-pencegahan-komplika-83d176d6.pdf> (Diakses pada tanggal 20 Juni 2020, Pukul : 09.00 Wib)
- <http://eprints.ums.ac.id/44951/3/BAB%20I.pdf> (Diakses pada tanggal 21 Juni 2020, Pukul : 11.00 Wib)
- https://www.kemkes.go.id/resources/download/profil/PROFIL_KES_PROVINSI_2017/02_Sumut_2017.pdf (Diakses pada tanggal 22 Juni 2020, Pukul : 08.00 Wib)
- <https://mitranews.co.id/2018/03/20/angka-kematian-ibu-melahirkan-di-sumut-menurun/> (Diakses pada tanggal 22 Juni 2020, Pukul : 08.10 Wib)
- <http://repository.unimus.ac.id/1881/4/BAB%20II.pdf> (Diakses pada tanggal 30 Juni 2020, Pukul 14.00 Wib)