

Midwife Care in Ny. W 29 Years with Placenta Retention at the Midwife Clinic of L. Pangaribuan Village Simantin Pane Dame

Yeni Trisna Purba

Efarina University Pematang Siantar, Indonesia

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ABSTRACT

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The goal of development in the health sector towards a healthy Indonesia in 2015 is to increase awareness, willingness, and ability to live a healthy life for everyone so that the highest level of public health can be realized, so that it is an investment in improving the quality of human resources. Health development that has been carried out continuously in the last three decades has succeeded in significantly improving the health status of the community. Based on WHO research in Indonesia, the maternal mortality rate is 330/100,000 live births. This shows that the ability of obstetric services has not yet touched the community. Maternal mortality is estimated at around 16,500-17,500 per year (Manuaba, 2008). The study on the case of the third stage of labor in Mrs. W aged 29 years with retained placenta obtained subjective data with the main complaint that the mother was worried because the placenta had not yet been born, the mother felt tired and weak and the mother said that in the first delivery the placenta had been manual. While the objective data obtained data on general condition is weak, compositis consciousness, TTV: BP: 110/70 mmHg, P: 78x/i, T: 36 OC, RR: 24x/i, umbilical cord does not extend at the vulva, bleeding \pm 150 cc, unborn placenta after 30 min, weak contractions, TFU: at center level. Based on this, there is no gap between theory and practice

E-mail:

yenitrisnapurba@gmail.com

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1. Introduction

The goal of development in the health sector towards a healthy Indonesia in 2015 is to increase awareness, willingness, and ability to live a healthy life for everyone so that the highest level of public health can be realized, so that it is an investment in improving the quality of human resources. Health development that has been carried out continuously in the last three decades has succeeded in significantly improving the health status of the community. (RPJPK, 2009). WHO estimates that worldwide every year more than 585,000 people per year die during pregnancy or childbirth. According to WHO data, 99% of maternal deaths due to labor or birth problems occur in developing countries. MMR in developing countries is the highest with 516 maternal deaths per 100 thousand KH, while the IMR in 2011 was 42 per 1000 KH. When compared with the maternal mortality ratio in nine developed countries and 51 Commonwealth countries (Mudanija, 2011). Based on WHO research in Indonesia, the maternal mortality rate is 330/100,000 live births. This shows that the ability of obstetric services has not yet touched the community. Maternal mortality is estimated at around 16,500-17,500 per year (Manuaba, 2008).

MMR in Southeast Asia in 2012, namely Singapore was only 6/100,000 KH, Malaysia was 41/100,000 KH, Thailand was 44/100,000 KH and the Philippines 170/100,000 KH. Meanwhile, Indonesia is classified as the highest with an average figure of 228/100,000 KH. Based on the human development report 2012, the IMR reached 31/1,000, which is 5.2 times higher than Malaysia, 1.2 times higher than the Philippines and 2.4 times higher than Thailand. The high MMR and IMR put Indonesia at the top of the Association of South East Asian Nation (ASEAN) (Puspita, 2012). Most cases of maternal morbidity and mortality in Indonesia are caused by postpartum hemorrhage, most of which are caused

by uterine atony or retained placenta which can actually be prevented by active management of the third stage (Kemenkes RI, 2009). The maternal mortality rate in Indonesia due to bleeding is still quite high, one of which is retained placenta, namely the placenta has not been delivered after half an hour after the baby is born, so it requires intensive monitoring and appropriate treatment to reduce the occurrence of bleeding, especially due to retained placenta.

2. Methods

2.1 Identity

Mother's Name : Mrs. W Husband's Name : Mr. J Age : 29 Years Age : 26 Years Tribe : Javanese Tribe Javanese Nationality : Indonesian Nationality : Indonesia Religion : Islam ReligionIslam Education : Junior High School Education : High School Occupation : Housewife Occupation Entrepreneur Address : Saentis Hamlet VIII Home Address Saentis Hamlet VIII

2.2 History (Subjective Data):

Main reasons for entering the delivery room: the mother said her stomach was sore and there was mucus mixed with blood from the genitals since 10:00 am.

Menarche: 13 years old

Cycle : 30 days

Length: 5-6 days A

lot: 3-4 x change of dock Dysmenorrhea / no : no

2.3 Physical Examination

a. General Condition: Good Emotional

State: Stable

Awareness: Compos mentis

b. Vital Signs.

Blood pressure: 110/80 mmHg

Pulse: 86 X/minute

Breathing: 24 x / min

Body temperature: 37.50C

c. Height: 159cm Weight: 68 kg

d. Face: Eyelids: No edema Conjunctiva: Pink Sclera : White Cloasma: None

e. Nose: Polyps: None

f. Ears: cerumen: none

g. Mouth and teeth: Tongue and molars: Clean Gums: Pink Teeth: Clean Caries : None

h. Thyroid gland: Enlargement of the gland: none

i. Lymph nodes: Enlargement: none

3. Results and Discussion

3.1 Assessment

Assessment is the initial stage used in implementing midwifery care for patients and is a systematic process of collecting data from various data sources to evaluate and identify the client's health status (Nursalam, 2009). From the study, it was found that the subjective data of Mrs. W with retained placenta, the mother complained about being worried because the placenta had not yet been born and the mother also said that in her previous delivery the mother had a history of retained placenta. And in the objective data, the mother's general condition is weak, contractions are weak, the TFU is as high as the umbilical cord is stretched and there is vaginal bleeding. Retention of the placenta is the delay in delivery of the placenta for half an hour after delivery of the baby. In other cases, there may be recurrent retention (habitual retention of the placenta). (Manuaba, 2012).

3.2 Basic Data Interpretation.

The data interpretation consists of obstetric diagnosis of problems and needs. According to Maryunani (2013), the problem that arises in mothers with retained placenta is anxiety about the conditions experienced. The needs that arise in mothers with retained placenta are information about their condition, information about actions to be taken, moral encouragement and fluid fulfillment. In the case of Mrs. W, the obstetric diagnosis was Mrs. W, aged 29 years with Retention Placenta and the problem experienced by Mrs. W was anxiety because the placenta was not delivered immediately for more than 30 minutes to overcome the problem. Mrs. W needed information about her condition.

Information about actions to be taken, moral encouragement, and fulfillment of fluid needs

3.3 Diagnosis of potential problems

The diagnosis of potential problems that occurred in the case of Mrs. W aged 29 years with retained placenta was hemorrhagic shock and infection, but in Mrs. W there was no hemorrhagic shock and infection due to intensive treatment. Diagnosis of potential problems is a matter of anticipation, prevention, if possible, waiting and full supervision and preparation for any event (Varney, 2004) and according to Sarwono (2012) mothers with retained placenta can experience hemorrhagic shock. At this stage, there is no gap between theory and practice in the field because since the mother has been diagnosed with retained placenta, health workers have established a diagnosis of problems that may occur in the mother and are trying to anticipate maternal problems that do not occur.

3.4 Anticipate potential problems

This action is carried out if a potential diagnosis is found in order to anticipate problems that may arise in connection with the condition experienced by the mother (Varney, 2004). According to Rohani (2011) in the case of postpartum hemorrhage due to retained placenta, the anticipation is to check the general condition, consciousness, TTV, muscle tone, and amount of blood, then give oxytocin 20 units in 500 cc NS/RL with 40 drops per minute and administer oxytocin. antibiotics, prophylaxis (ampicillin 2 grams IV/oral + Metronidazole 1 gram orally) as well as manual placenta.

3.5 Action plan

Action plans are made based on emerging diagnoses and monitor the patient's coping with problems and needs (Varney, 2010). In making an action plan, efforts are made to provide comfort to the mother and on the other hand can make observations. In this step, the writer does not find a gap between theory and cases in practice because the plans made in practice are no different from the plans in theory.

3.6 Implementation

Implementation is a process of solving clinical problems, making decisions and providing care (Varney, 2010). In this step, the implementation is carried out with an action plan that has been made such as an intervention. In this step the writer finds a gap between theory and practice because in the implementation of handling retained placenta in theory, the rescuer must use long gloves while in practice, the helper (midwife) still uses short gloves.

3.7 Evaluation

Evaluation is a comparison or comprehensive plan of care from planning (Varney, 2010). In the evaluation theory, the expected results are that the placenta is complete, the mother's general condition is good, the bleeding can be resolved and the mother feels comfortable. In this step, the authors did not find any gaps between theory and practice because from the evaluation obtained in practice, the mother's general condition had improved, the bleeding had decreased, the placenta was born intact and the mother felt comfortable that the placenta had been born.

4. Conclusion

- a. The study of the case of the third stage of labor in Mrs. W aged 29 years with retained placenta obtained subjective data with the main complaint, namely the mother was worried because the placenta had not yet been born, the mother felt tired and weak and the mother said that the first delivery was done manually placenta. While the objective data obtained data on general condition is weak, consciousness, TTV: BP: 110/70 mmHg, P: 78x/i, T: 36 0C, RR: 24x/i, umbilical cord does not extend at the vulva, bleeding \pm 150 cc, unborn placenta after 30 min, weak contractions, TFU: at center level. Based on this, there is no gap between theory and practice.
- b. Interpretation of the data on the case of the third stage of labor in Mrs. W with retained placenta, obtained an obstetric diagnosis of Mrs. W 29 years old with retained placenta. The problem that arises is that the mother is worried because the placenta has not yet been born and there is a lot of bleeding and the needs given are to tell the mother's condition, give the mother an agreement to do a manual placenta so that the placenta can be born immediately and stop the bleeding and keep the mother motivated. Based on this, there is no gap between theory and practice.
- c. Diagnosis of potential problems in the third stage case in Mrs. W with retained placenta will result in hemorrhagic shock and infection, but this does not happen because the patient quickly gets the right treatment. Based on this, there is no gap between theory and practice.

- d. Anticipate potential problems made to Mrs. W 29 years with retained placenta is to put infusion + oxytocin 20 units in 500 cc RL, give metergin 10 units / IM and Ceftriaxone 3cc antibiotics and do manual placenta, but in anticipation the problem of infection is still high because in manual action the placenta is not provided with gloves long. Based on this, a gap was found between theory and practice.
- e. The action plan for Mrs. W aged 29 years with retained placenta is in accordance with the patient's needs, namely manual placenta, administration of oxytocin, administration of antibiotics, medication, and administration of IEC according to the mother's needs. Based on this, there is no gap between theory and practice.
- f. The delivery of the 29-year-old woman with retained placenta was carried out according to the action plan, but in performing manual placental procedures, the midwife still used small gloves. Based on this, there is still a gap between theory and practice.
- g. Evaluation of the mother giving birth to Mrs. W 29 years with retained placenta, the results of the general condition were good, compos mentis consciousness, TTV: BP: 110/70 mmHg, HR: 82x/i, RR: 20x/i, T: 36.5 0C, bleeding \pm 500 cc, infusion has been installed, the placenta was delivered manually intact, drug therapy has been given, the mother feels happy and calm. Based on this, there is no gap between theory and practice.
- h. In handling cases with retained placenta, there is a slight gap between theory and practice in infection prevention, namely in the use of handsoons.

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