

CONTINUITY OF CARE (COC) WITH LABOR PAIN AND BREAST MILK THAT HAS NOT BEEN OUT IN THE PUBLIC PERIOD

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ABSTRACT

Continuity of care (COC) is an effort to provide continuous care starting from pregnancy, childbirth, postpartum, newborns, and family planning. This care aims to monitor the condition of mothers and babies as an effort to reduce maternal mortality rates and infant mortality rates. This research design uses a descriptive method using a case study approach carried out by providing comprehensive midwifery care. A case study is research carried out by examining a problem through a case consisting of a single unit. Based on the results of the subjective data and objective data analysis, Mrs. N, 25 years old, G1P0A0, 37 weeks pregnant, intrauterine single fetus, cephalic presentation. 1. After reviewing subjective, objective and supporting data using a comprehensive approach and SOAP documentation on Mrs. N it can be concluded that the respondent was in good condition during pregnancy, childbirth, postpartum and family planning, and the respondent's baby was also in good condition.

Keywords: Pregnancy, Continuity of care, Postpartum Period

ABSTRAK: CONTINUITY OF CARE (COC) DENGAN NYERI PERSALINAN DAN ASI YANG BELUM KELUAR PADA MASA UMUM

Continuity of care (COC) merupakan suatu upaya pemberian asuhan berkesinambungan mulai dari masa kehamilan, persalinan, nifas, bayi baru lahir, dan keluarga berencana. Asuhan ini bertujuan untuk memantau kondisi ibu dan bayi sebagai upaya penurunan angka kematian ibu dan angka kematian bayi. Desain penelitian ini menggunakan metode deskriptif dengan menggunakan pendekatan studi kasus yang dilakukan dengan memberikan asuhan kebidanan komprehensif. Studi kasus merupakan penelitian yang dilakukan dengan cara mengkaji suatu masalah melalui kasus yang terdiri dari satu kesatuan. Berdasarkan hasil analisis data subjektif dan data objektif, didapatkan hasil bahwa Ibu N, usia 25 tahun, G1P0A0, hamil 37 minggu, janin tunggal intrauterin, presentasi kepala. 1. Setelah dilakukan telaah data subjektif, objektif dan penunjang dengan menggunakan pendekatan komprehensif dan dokumentasi SOAP pada Ibu N dapat disimpulkan bahwa responden dalam keadaan baik pada saat hamil, bersalin, nifas dan keluarga berencana, dan bayi responden juga dalam keadaan baik. Kata Kunci: Kehamilan, Kontinuitas perawatan, Masa nifas

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INTRODUCTION

Continuity of care (COC) is an effort to provide continuous care starting from pregnancy, childbirth, postpartum, newborns, and family planning. This care aims to monitor the condition of mothers and babies as an effort to reduce maternal mortality rates and infant mortality rates (Yulita and Juwita, 2019).

The results of the 2018 Indonesian Demographic and Health Survey (SDKI) recorded a significant increase in MMR in Indonesia, namely from 228 to 359/100,000 KH. The five biggest causes of maternal death are bleeding, hypertension in pregnancy (HDK), infection, prolonged/obstructed labor, and abortion. Maternal mortality in Indonesia is still dominated by three main causes of death,

namely bleeding, HDK, and infection. However, the proportion has changed, where bleeding and infection tend to decrease while the proportion of HDK is increasing. More than 25% of maternal deaths in Indonesia in 2017 were caused by HDK (Indonesian Ministry of Health, 2018).

Maternal Mortality Rate is the number of maternal deaths resulting from pregnancy, childbirth and postpartum processes per 100,000 live births in a certain period. Lampung Province in 2020 was recorded as having an MMR of 148 per 100,000. KH.

Based on the profile of the South Lampung District Health Service in 2022, the maternal mortality rate was 29.43 per 100,000 KH (5 cases of maternal death) with 3 cases of HDK death, 1 case of bleeding

and 1 case caused by infection. Attention to efforts to reduce infant mortality is also important because infant mortality makes a fairly high contribution to under-five mortality. The infant mortality rate for South Lampung Regency in 2022 is 1.3 per 1,000 live births (20 cases out of a total of 17,952 KH) up slightly from 2021 of 0.9 per KH (16 cases with a total of 17,648 KH). The causes of infant deaths that occurred in 2022 were 5 cases of LBW and prematurity, 11 cases of asphyxia, 3 cases of congenital abnormalities and 1 other cause.

To reduce or maintain this condition in the following years, efforts are needed through several activities which include improving the nutritional status of pregnant women, awareness of behavior towards PHBS, environmental health and improving the quality of health services for pregnant women and optimal management of normal birth assistance and reducing the role of shamans and increasing the role of midwives, so that village midwives become the spearheads of maternal and child health services, by improving their skills and abilities through midwifery training and the like. Regional governments at the district/city level are obliged to provide standard maternal health services to all pregnant women in the work area within one year.

The health of pregnant women is an important aspect to pay attention to in a woman's life cycle because throughout her pregnancy, unexpected complications can occur. Every pregnant woman will face risks that can threaten her life, therefore she needs to get good service and care. (Lamsel Health Department Profile, 2022). One of the good health services for reducing MMR and IMR in Indonesia is by providing continuous care or Continuity of Care (COC), namely comprehensive midwifery care that is provided comprehensively starting from pregnancy, delivery, newborns, postpartum, to family planning. This midwifery care is provided as a form of implementing the functions, activities and responsibilities of midwives in providing services to clients and is an effort to reduce MMR and IMR.

Labor pain is the most severe pain a woman experiences in her life, which occurs simultaneously with uterine contractions, cervical dilation, and cervical effacement. The intensity of labor pain varies from person to person. The pain can be moderate or severe, unbearable and increases stress levels in the mother. (Pawale MP, Salunkhe JA, 2020).

If not treated properly, labor pain can cause severe consequences for women, such as prolonged labor which can increase the risk of fetal distress, head compression, fetal death in the womb, low APGAR scores, and physical injury to the neonate. Prolonged labor causes an increased risk of

Caesarean section, induction and vacuum and forceps. (Baljon KJ, 2020)

Non-pharmacological therapy to overcome labor pain is endorphin massage. This massage works by increasing the production of endogenous endorphins which bind to receptors in the brain to relieve pain. This back massage is given using routine back massage techniques such as Effleurage (gliding movement) and Petrissage (kneading movement) between contractions, and during contractions, an obstetric back rub is performed. The mother received 20 back massages, namely 13 times in the latent phase and 7 times in the active phase of labor, every half hour for 10 minutes. (Pawale MP, Salunkhe JA, 2020). Dewi MK's research, 2023, obtained a P value of 0.000 (< 0.05) after being given treatment. This shows that endorphin massage has a significant effect on reducing pain in pregnant women during the first active phase. In line with Fitriana's research, Putri NA, 2017, it was found that there was an influence of pain intensity on endorphin massage with a P value of 0.006 (< 0.05).

Continuous care which is the problem of not achieving the government's target is for breastfeeding mothers. According to the World Health Organization (WHO) in 2015, 41.2% of mothers failed to breastfeed their babies and 20% of them were mothers in developing countries (WHO, 2015). The Ministry of Health (Kemenkes) noted that the percentage of exclusive breastfeeding for babies aged 0-5 months in 2021 was 71.58%. This figure shows an improvement from the previous year which amounted to 69.62%. However, most provinces still have a percentage of exclusive breastfeeding below the national average (Ministry of Health of the Republic of Indonesia, 2021). The reasons for the low coverage of babies receiving exclusive breastfeeding include the lack of education about the importance of giving exclusive breastfeeding to mothers, the limited lactation space in office buildings and public spaces which is also another challenge for breastfeeding mothers to give their babies their rights, mothers' anxiety about the amount of breast milk being insufficient, and The mother is not consistent in giving her breast milk. Innovations that have been implemented to support efforts to achieve exclusive breastfeeding are nutritional self-sufficiency, Akung Asik (Fathers Support Exclusive Breastfeeding), and Gertak Moringa. (Lamsel Health Office Profile, 2022).

Breast milk has the benefit of being able to provide active and passive protection to babies. Breast milk not only provides protection against infections and allergies, but breast milk can also stimulate the baby's own immune system. A mother's

role in providing breast milk greatly influences a child's growth and development as does the child's intelligence. So it can be said that breast milk is a treasure for the baby (Harianto, et al. 2020). All women have the potential to provide breast milk to their children, but not all postpartum mothers can express breast milk immediately. The release of breast milk is a very complex interaction between mechanical stimulation, nerves and various hormones that influence the release of oxytocin. The obstacle in giving breast milk early on the first day after giving birth is the small amount of breast milk production (Saputri et al, 2019).

The impact of failure to express and produce breast milk can cause problems for both the mother and baby, including sore nipples, sore nipples, swollen breasts, mastitis and breast abscesses. Therefore, efforts are needed to stimulate the hormones prolactin and oxytocin in mothers after giving birth. (Alfiatun Nurneneng, 2021).

The release of breast milk can be accelerated with non-pharmacological measures, namely through oxytocin massage which can be done by massaging the area around the back (pars thoracic vertebrae) to stimulate the release of breast milk, so that the mother will feel satisfied, happy, confident, because she can give breast milk to her baby. thinking about the baby lovingly and other positive feelings will make the oxytocin reflex work (Asih & Risneni, 2019). Kholisotin's research (2019) showed that there was a significant relationship between breast milk production before and after oxytocin massage with a p-value = 0.01 (<0.05). In Tuasikal Indriani's research, (2022), the results of the analysis showed that before oxytocin massage, 7 (35%) mothers had insufficient breast milk production. And after oxytocin massage, 13 (65%) mothers produced good (a lot) breast milk. The p-value = 0.000 (<0.05) was obtained, which means there is a significant effect of oxytocin massage on breast milk production.

The Family Planning Program has an important contribution in improving the quality of the population, namely in terms of handling population growth. The Family Planning Program can anticipate and determine the number of children each couple wants and can estimate birth spacing (World Health Organization, 2021). The scope of midwife services in MCH starts from the pregnancy, delivery, postpartum and infant periods, providing opportunities for midwives to be able to provide holistic services so that the health services provided can be more comprehensive. Continuity of Care is one of the profession's efforts to improve midwifery services in the community. Students of the midwife profession are trained independently to be able to

provide comprehensive ongoing midwifery care to women from pregnancy to the end of the postpartum period and can apply complementary therapies.

RESEARCH METHODS

This research design uses a descriptive method using a case study approach carried out by providing comprehensive midwifery care. A case study is research carried out by examining a problem through a case consisting of a single unit. (Notoatmodjo, 2014).

The single unit in question means one mother who is given care from pregnancy to family planning by implementing Varney's 7 steps of midwifery care in the initial assessment using the SOAP (subjective, objective, analysis, management) method. A single unit can mean one person or a group of residents affected by a problem (Notoatmodjo, 2014).

RESEARCH RESULTS

Midwifery Care in Pregnancy

Data analysis

Based on the results of the subjective data and objective data analysis, Mrs. N, 25 years old, G1P0A0, 37 weeks pregnant, intrauterine single fetus, cephalic presentation.

Management

1. Inform the mother about the results of the examination
2. Encourage the mother to regulate her diet by consuming nutritious food and drinking enough water so that her nutritional and fluid needs are met.
3. Explain the danger signs in pregnancy, namely vaginal bleeding, severe headaches, swelling of the feet and hands, heartburn, blurred vision, hypertension in pregnancy, fever, amniotic fluid discharge and reduced fetal movement.
4. Explain the signs of labor, namely heartburn spreading from the lower abdomen to the waist, the stomach tensing and tightening over time, becoming more frequent and stronger and vaginal mucus and blood coming out.
5. Tell the mother to prepare all the needs of the mother and baby.
6. Give Fe and Calc tablets and explain how to drink them correctly.
7. Advise the mother to check herself if there are one or more danger signs, or there are signs of labor.

Midwifery Care in Childbirth

Period I

Data analysis

Based on the results of the subjective data and objective data analysis, Mrs. N, 25 years old, G1P0A0, 38 weeks pregnant in partu, 1st stage of active phase, intrauterine single fetus, cephalic presentation.

Management

- a) Inform the mother about the results of the examination
- b) Provide education about the mechanisms of childbirth
- c) Explain complementary therapy, namely endorphin massage to reduce labor pain
- d) Measuring the NRS pain scale before the endorphin massage, obtained a score of 8
- e) Encourage the husband and family to accompany the mother and teach endorphin massage techniques.

Endorphin massage is done by providing techniques such as Effleurage (gliding movements) and Petrissage (kneading movements) between contractions, and during contractions an obstetric back rub is performed. Effleurage is done by gently rubbing the flat palms across the back with a slow circular motion followed by Petrissage which is done using kneading and stirring movements. Kneading is done by squeezing the fleshy mass in the lower back between the fingers and thumb, while knuckling is done by using the knuckles of the fingers to knead and lift in an upward circular motion.

Obstetric back rubs are performed during contractions by placing the palm of the hand on the point identified by the mother. The spot and the surrounding area are massaged by moving the palms in circles without lifting.

- f) Encourage the mother to eat and drink to maintain the mother's body stamina
- g) Measuring the NRS pain scale after endorphin massage, obtained a score of 4
- h) Monitor the progress of labor by documenting it on the partograph

Second Stage

Data analysis

Based on the results of the subjective data and objective data analysis, Mrs. N, 25 years old, G1P0A0, 38 weeks pregnant, second stage intrauterine single fetus, cephalic presentation.

Management

1. Inform the mother about the results of the examination that the opening is complete and ready to be led to give birth

2. Teach the mother good feeding techniques
3. Encourage the mother to choose a comfortable position
4. Encourage the mother to stretch during her breath and regulate her breath between breaths.
5. Meet the mother's nutritional and fluid needs
6. Bring your husband and family to provide support to the mother
7. Prepare for birth assistance in accordance with Normal Childbirth Care procedures until the baby is born. November 2 2023 at 00.40 WIB
The baby was born spontaneously, cried strongly, gender male, weight 3500 grams, body length 47 cm, LK 33 cm, LD 34 cm, anus (+) Apgar Score 9/10
8. Document recording and internal reporting Partograf

Period III

Data analysis

Based on the results of the subjective data and objective data analysis, Mrs. N 25 years old P1A0 in third stage

Management

1. Tell the mother that the heartburn she is experiencing is caused by uterine contractions and this is very good for detachment and expulsion of the placenta, as well as preventing bleeding.
2. Carry out active management in stage III, namely administering 10 IU IM oxytocin injection, controlled stretching of the umbilical cord, and uterine fundus massage.
3. Check the completeness of the placenta.
4. Check for lacerations or rupture of the perineum
5. Check vital signs, contractions, TFU, bladder and bleeding
6. Clean the mother and bed from blood, mucus and amniotic fluid.
7. Decontaminate and wash equipment
8. Document recording and reporting into the partograph

Stage IV

Data analysis

Based on the results of the subjective data and objective data analysis, Mrs. N 25 years old P1A0 in partu stage IV

Management

1. Tell the mother that the heartburn she is experiencing is caused by uterine contractions and this is very good for preventing bleeding.
2. Check vital signs, contractions, TFU, bladder and bleeding every 15 minutes in the first hour

and every 30 minutes in the second hour

3. Fulfill the mother's nutritional and fluid needs by providing food and drink
4. Document recording and reporting into the partograph

Midwifery Care for Newborn Babies

Data analysis

Date 11-02-2023 At 00.40: new born baby, term neonate, according to gestational age.

Date 02 November 2023 At 07.00 (KN1): baby Mrs. N, term neonate, according to gestational age, 6 hours old, normal

November 4 2023 at 16.00 (KN2): Mrs. N, term neonate, according to gestational age, 3 days old, normal

November 11 2023 at 16.00 (KN3): Mrs. N, term neonate, according to gestational age. 10 days old, normal

Management

1. Tell the mother that the baby is healthy.
2. Warm the baby's body, adjust the baby's position, clear the airway, dry the baby's body, provide tactile stimulation, reposition, and assess the baby's condition.
3. Carry out physical and anthropometric examinations.
4. Gender male, weight 3500 grams, body length 47 cm, LK 33 cm, LD 34 cm. Heart rate 120x/minute, temperature 36.70C, RR 50x/minute. Apgar Score 9/10. Good reflexes, no abnormalities were found on physical examination.
5. Position the baby for IMD for 30 minutes, namely by placing the baby on the mother's stomach and covering the baby with a warm cloth and a baby hat.
6. Give an IM injection of vitamin K 1 mg in the anterolateral left thigh to prevent bleeding in the brain.
7. Give prophylactic eye ointment to prevent eye infections
8. Provide HB0 immunization to prevent Hepatitis B
9. Keep the baby's body warm to prevent hypothermia
10. Put on a baby bracelet to provide the baby's identity

Midwifery Care in Postpartum

Data analysis

KF1: Mrs N aged 25 years P1A0 6 hours post partum

KF2: Mrs N aged 25 years P1A0 3rd day post partum

KF3: Mrs N aged 25 years P1A0 10th day post

partum

KF4: Mrs N aged 25 years P1A0 38th day post partum

Management

- 1) Tell the mother the results of the examination
- 2) Inform mothers about balanced nutrition so that the needs of mother and baby are met and help facilitate breast milk production by eating foods containing carbohydrates, protein, fat, fiber, minerals and drinking at least 8 glasses of water a day
- 3) Encourage mothers to get enough rest by taking 1-2 hours of rest during the day and sleeping 6-8 hours a day at night.
- 4) Encourage mothers to maintain personal and genital hygiene by bathing twice a day, changing underwear and sanitary napkins when damp, using clean water and soap to clean the toilet and drying it with a tissue to avoid bacteria and fungi which can cause the vagina to feel itchy and smelly.
- 5) Encourage the mother to mobilize, namely at 6 hours post partum, the mother can start sitting slowly, then stand up and gradually if the mother feels strong, the mother can walk slowly accompanied by staff/family.
- 6) Tell the mother about danger signs during the postpartum period such as vaginal bleeding, smelly discharge from the birth canal, swelling in the face, hands and feet, headaches, fever for more than 2 days, swollen breasts accompanied by pain, pain when urinating, and pain great stomach.
- 7) Teach mothers and families about good and correct breastfeeding techniques, both position and attachment.
Steps to correct breastfeeding technique:
 - Wash your hands before breastfeeding and clean your nipples with boiled water
 - Place the baby on your lap, place the head on the mother's elbow and the mother's hand supports the baby's buttocks, the baby's body is straight
 - Touch the nipple to the baby's lips or cheek to stimulate the baby's mouth to open
 - Once the baby's mouth is wide open, immediately insert the nipple and most of the dark circle around it (areola) into the baby's mouth
 - Breastfeed the baby with the left and right breast alternately
- 8) Encourage mothers to provide exclusive breastfeeding by only giving breast milk from birth to 6 months of age without giving other

additional foods.

- 9) Explain the benefits and how to do oxytocin massage to husbands and families to overcome the mother's problem, namely low breast milk production during KF2 (3rd day post partum).

Oxytocin massage is a massage of the spine from the 5-6th rib to the scapula which will speed up the work of the parasympathetic nerves by stimulating the posterior pituitary. Oxytocin massage is done to stimulate the oxytocin reflex or let down reflex.

Oxytocin massage is done by massaging the back area along both sides of the spine, so it is hoped that by doing this spinal massage, the mother will feel relaxed and the fatigue after giving birth will soon disappear. If the mother is relaxed and not tired, it can help release the hormone oxytocin.

Massage the spine, neurotransmitters will stimulate the medulla oblongata directly sending a message to the hypothalamus in the posterior pituitary to release oxytocin, causing the breasts to release milk.

Oxytocin massage can be done every day for ± 15 minutes, it is recommended to do it before breastfeeding or expressing breast milk. So you get the optimal and good amount of breast milk.

10. Give the mother blood supplement tablets and Vitamin A and teach her how to drink them correctly, namely one blood supplement tablet taken at night before bed with water. And take vitamin A. The first capsule is taken on the first day and the second capsule is taken on the second day at 24 hour intervals.
11. Tell mothers about the importance of family planning which can be done at any time KF4 is on days 29-42 post partum.
12. Encourage the mother to have herself checked according to the agreed schedule or if there are one or more danger signs.

Midwifery Care in Family Planning

Data analysis

Mrs N, 25 years old, is an injectable birth control acceptor

Management

1. Inform the mother about the results of the examination
2. Explain to the mother about the working mechanism of the 3-month progestin injection contraceptive, namely:
 - a. Suppresses ovulation
 - b. Cervical mucus becomes thick and scanty, so

it acts as a barrier to spermatozoa

- c. Makes the endometrium less suitable for implantation of a fertilized ovum
 - d. Affects the speed of ovum transport in the fallopian tubes.
3. Explain to the mother about the benefits of 3-month progestin injection birth control, namely:
- a. Prevention of long-term pregnancy
 - b. It has no effect on the husband-wife relationship
 - c. It does not contain estrogen so it does not have a serious impact on heart disease and blood clotting disorders
 - d. Has no effect on breast milk
 - e. Can be used by women aged >35 years
 - f. Reduces the incidence of benign breast diseases
 - g. Prevents several causes of pelvic inflammatory disease
4. Explain to the mother about the limitations of 3-month progestin injection contraception, namely:
- a. Menstrual disorders are often found
 - b. Clients are very dependent on health facilities
 - c. It cannot be stopped at any time before the injection ends
 - d. Weight problems are the most common side effect
 - e. Does not guarantee protection against transmission of sexually transmitted infections
 - f. Delayed return to fertility after discontinuation of use
5. Inject DMPA 3 ml IM into Mrs. N
6. Notify the schedule for the next birth control injection

DISCUSSION

Discussion of Midwifery Care in Pregnancy

The assessment is carried out in accordance with the documentation recorded in the KIA book and anamnesis sheet. Mrs. N and her husband were cooperative in answering questions asked by the midwife. Mrs. N's last education was high school, making communication easier and supported by the mother's broad insight and mother's curiosity about pregnancy. This can be seen from mothers often looking for information about pregnancy on the internet, making it easier for midwives to communicate to convey information about their pregnancy.

Maternal visits during pregnancy are 10 times, in accordance with the policy set by the Ministry of Health, namely a minimum of 6 x antenatal visits. In the TT screening, Mrs. N has received TT2 immunization, so Mrs. N was given the TT

immunization once again, namely TT3. This is in accordance with theory (Hani et al, 2010) which means that the fetus already has immunity to tetanus infection during birth, as well as postnatally.

In Hb examination, it is in accordance with theory and case, where in theory Hb examination is carried out at least 2 times during pregnancy, namely in the first trimester and third trimester (Romauli, 2011; p. 176), whereas in the case of Mrs N the examination is carried out 2 times, namely 1 once in the first trimester and once in the third trimester. With normal examination results, namely 11.5 gr%.

On physical examination, no particular abnormalities or problems were found, everything was normal and no edema was found on the face or upper or lower extremities. The medical history review revealed that there was no history of hypertension. This shows that Mrs. N there are no signs of Pre-Eclampsia.

The discomfort experienced by Mrs N in TM III was feeling frequent urination. This is normal because it is caused by pressure from the enlarging uterus on the bladder. According to (Sulistiyawati Ari, 2009), pregnancy complaints such as frequent urination, constipation, shortness of breath, back pain, varicose veins on the legs and vulva, dizziness, difficulty sleeping are normal.

Giving iron tablets to pregnant women also needs to be studied to determine whether the mother's iron needs are met or not, because if they are not met, there is a risk of anemia. In this case it is known that Mrs. N had consumed more than 90 iron tablets during pregnancy. This is in accordance with the theory according to Hani et al (2010; p.11) which states that during pregnancy a pregnant woman should receive at least 90 Fe tablets and to prevent anemia, a woman should consume at least 60 mg of iron. In this case, data on the mother's hemoglobin level during the first trimester was 10.8 gr/dl and in the third trimester it was 11.5 gr/dl. On the results of the physical examination, Mrs. N. The conjunctiva of the eyes is red, the face is not pale. It can be concluded that the mother has met her iron needs and avoided the risk of anemia.

After carrying out the assessment, an examination is carried out in the form of a general and obstetric examination. After the examination, it was discovered that overall the condition of the mother and fetus was in good condition. During the examination, the initial data obtained was 65 kg, TB 160 cm, LILA 30 cm, so Mrs. N is not included in the SEZ category.

This is in accordance with what was stated by Romauli (2011; p. 173) that LILA (Upper Arm Circumference) on the left: LILA less than 23.5 cm is

a strong indicator of poor/deficient maternal nutritional status. Things that are included in early detection of high risk pregnancy, namely the age of the pregnant woman is less than 20 years, the age of the pregnant woman is more than 35 years, the number of children is 3 or more, the birth interval is less than 2 years, the mother is less than 145 cm, mothers weighing < 45 kg before pregnancy, mothers with upper arm circumference < 23.5 cm, history of previous pregnancy and childbirth (bleeding, convulsions, high fever, long labor, surgical delivery, and stillbirth). (Walyani, 2015)

Results of measuring Uterine Fundal Height (TFU) and calculating estimated fetal weight (TBJ). At 37 weeks of gestation, the results of the examination of the uterine fundus height of the lower 3 fingers px (35 cm) are in accordance with the theory according to Rukiah (2009; p. 33) to determine the estimated fetal weight, the formula is: (fundus height in cm-n) x 155. If the head above or on the ischial spine then n = 12, if the head is below the ischial spine then n = 11. Because the fetal head had entered the pelvis, TBJ was obtained from Mrs. N is $(35-11) \times 155 = 3,720$ grams, in accordance with the Indonesian Ministry of Health (2005) which states that normal BBL body weight is 2500 - 4000 grams.

Discussion of Childbirth Care

The birth experienced by Mrs. N starts from the presence of signs of labor, namely adequate uterine contractions and the opening of the birth canal, this is in accordance with the theory put forward by Manuaba, 2010 that signs of labor include pain due to the presence of hyssis which comes more strongly, frequently and regularly, mixed mucus comes out. more blood (blood slim) due to small tears in the cervix, sometimes the membranes break by themselves, on internal examination, the cervix is flat and an opening is present.

During the first stage of labor, the pain scale was measured using the Numeric Rating Scale (NRS) to measure the pain scale to assess the mother's condition before being given complementary endorphin massage therapy. Pain is a subjective sensation or discomfort that is often related to actual or potential tissue damage. In general, pain is defined as an unpleasant condition that occurs due to physical stimulation or from nerve fibers in the body to the brain, and is followed by physical, psychological or emotional reactions (Padila, 2014).

So far, effleurage massage has been widely used to reduce labor pain. Effleurage massage can reduce pain for 10-15 minutes. Effleurage massage helps mothers feel fresher, more relaxed and

comfortable during labor, free from pain, as per research by Manasi P. Pawale, Jyoti A. Salunkhe (2020), entitled the effectiveness of effleurage massage in reducing the sensation of labor pain in primiparous mothers. In this study, the results showed that labor pain before effleurage massage was moderate pain, whereas after effleurage massage it became mild pain, this means that effleurage massage was effective in reducing the sensation of pain in the first stage of labor in primiparous mothers.

Endorphin massage is done by providing techniques such as Effleurage (gliding movements) and Petrissage (kneading movements) between contractions, and during contractions an obstetric back rub is performed.

Effleurage is done by gently rubbing the flat palms across the back with a slow circular motion followed by Petrissage which is done using kneading and stirring movements.

Kneading is done by squeezing the fleshy mass in the lower back between the fingers and thumb, while knuckling is done by using the knuckles of the fingers to knead and lift in an upward circular motion.

Obstetric back rubs are performed during contractions by placing the palm of the hand on the point identified by the mother. The spot and the surrounding area are massaged by moving the palms in circles without lifting.

In accordance with research by Dewi MK (2023), it shows that endorphin massage has a significant effect on reducing pain in pregnant women during the first active phase. After the complementary endorphin massage therapy treatment, there was a decrease in the intensity of pain in Mrs. N.

From the results of the examination during the 1st stage of labor, it was found that the mother's general condition was good, her mental health and vital signs were within normal limits. Stage 1 lasts 6 hours. During the active phase of the first stage of labor, the mother is accompanied by her husband and family. Support from partners, family and birth companions can help meet the needs of mothers in labor, as well as help overcome pain (Yulizawati, et al. 2019).

Next care is carried out at the opening in partu complete with the standard 60 APN steps. This is in accordance with the goals of normal birth care. Normal delivery care is clean and safe care during labor and after the baby is born as well as efforts to prevent complications, especially post-natal bleeding. The aim of normal delivery care is to ensure survival and achieve a high level of health for the

mother and baby, through various integrated and complete efforts and minimal intervention so that the principles of safety and quality of service can be maintained at an optimal level.

The mother gave birth to the baby at Pk. 00.40 WIB, mother and baby are healthy and in normal condition. There is no perineal rupture, the amount of bleeding is normal, vital signs are normal, contractions are good. The second stage process is normal, lasting 40 minutes. The 3rd stage lasts 10 minutes, the placenta is delivered completely, then the 4th stage observations are carried out every 15 minutes in the first hour and every 30 minutes in the second hour. The birth process of Mrs. N lasted 6 hours 40 minutes, which is faster than the theory put forward by Prawirohardjo (2010) that labor in primiparas lasts 14 ½ hours.

Discussion of Newborn Care

The results of the assessment on November 2 2023 at 00.40 WIB, the care given to the newborn baby was normal with a body weight of 3500 grams, body length 47 cm, reflexes were good, and the baby had successfully performed IMD for 30 minutes. This is in accordance with the JNPK-KR (2013) theory which states that IMD is carried out immediately after birth.

The first breastfeeding can be done after tying the umbilical cord, providing personal identification immediately after IMD, giving an IM injection of Vitamin K 1 mg in the anterolateral left thigh. Vitamin K injections are carried out after the IMD process, giving antibiotic eye ointment, giving immunization (HB-O) given 1-2 hours after giving IM vitamin K and carrying out a systematic BBL physical examination head to toe (from head to toes) (El Sinta, et al. 2019).

Newborn midwifery care Mrs. N starting from 6-48 hours, 3-7 days and 8-28 days, the baby is healthy without any complications. The theory of the Ministry of Health (2015) states that BBL health services by midwives are carried out at least 3 times, namely the first on 6 hours -48 hours after birth, the second on days 3-7 after birth and the third on days 8-28 after birth. This means there is no gap between theory and reality.

Discussion of midwifery care for postpartum mothers

The results of the examination at the first postpartum visit, the mother's condition was good, compos mentis consciousness, vital signs within normal limits, good uterine contractions, no perineal rupture and active bleeding.

At the second postpartum visit, carried out on the third day post partum, Mrs. N came

accompanied by her family and baby to check the postpartum period. The results of the assessment showed that little milk was coming out, the mother said there were difficulties in the process of expressing breast milk. The results of vital signs were within normal limits, uterine contractions were loud, bleeding and lochia discharge were within normal limits.

The care given to Mrs. N is to remind mothers about nutritional intake, personal hygiene, adequate rest, breastfeeding techniques, breastfeeding and danger signs during the postpartum period. Mothers are given education about oxytocin massage. Oxytocin massage is a massage of the spine from the 5-6th rib to the scapula which will speed up the work of the parasympathetic nerves by stimulating the posterior pituitary. Oxytocin massage is done to stimulate the oxytocin reflex or let down reflex.

According to Triansyah, et al (2021), in their research entitled The effect of oxytocin massage and breast care on increasing breast milk production in breastfeeding mothers, it is stated that oxytocin massage is carried out by massaging the back area along both sides of the spine, so it is hoped that by carrying out this spinal massage, The mother will feel relaxed and fatigue after giving birth will soon disappear. If the mother is relaxed and not tired, it can help release the hormone oxytocin.

Massage or on the spine, neurotransmitters will stimulate the medulla oblongata directly sending a message to the hypothalamus in the posterior pituitary to release oxytocin, causing the breasts to release milk.

Oxytocin massage is effective on the first and second days post partum, because on these two days not enough breast milk has been produced.

Oxytocin massage can be done whenever the mother wants with a duration of \pm 15 minutes, it is recommended to do it before breastfeeding or expressing breast milk so that you get an optimal and good amount of breast milk. After being taught, mother understands and will try it at home.

Postpartum visits or postnatal care are preventive care or care and routine assessments to identify, manage and refer complications in postpartum mothers. Postpartum visit care includes family planning counseling, maternal mental health, nutrition and hygiene (WHO, 2015). Examinations carried out at postpartum visits include routine checks of blood pressure, vaginal bleeding, perineal condition, signs of infection, uterine contractions, fundal height and

temperature, as well as assessment of the urinary system, digestive system, wound healing, rest patterns and back pain (Ministry of RI Health & WHO, 2013).

The aim of postpartum care is to detect possible complications, maintain the health of the mother and baby, carry out comprehensive screening, provide early health education about self-care, nutrition, family planning, breastfeeding, breastfeeding and immunization. According to the Indonesian Ministry of Health (2020) and the Maternal and Child Health Book, Ministry of Health (2023), visits during the postpartum period are carried out 4x during the postpartum period starting from the first visit (KF1) 6 hours – 48 hours, second visit (KF2) 3-7 days, visit 3 (KF3) 8 – 28 days and visit 4 (KF4) 29-42 days with health services adjusted to the visit schedule.

Discussion of Midwifery Care in Family Planning

Midwifery care in family planning provided to Mrs. N, 25 years old, 38th day post partum who wants to regulate birth spacing by delaying her pregnancy and wants a family planning method that is highly effective and safe for breastfeeding mothers, because she wants to give exclusive breast milk to her baby until she is 6 months old. Mother decided she wanted to use injectable birth control.

In screening clients based on medical eligibility criteria, for the condition of postpartum and breastfeeding mothers, within 4 weeks to less than 6 weeks, there are several suitable contraceptive method options, namely the IUD method (1), implant method (2), progestin pill method (2) and progestin injection (3). Category 1 describes the contraceptive methods that can be used in every situation. Category 2 describes the general contraceptive methods that can be used. Category 3 explains that the use of contraceptive methods is not recommended unless other suitable or acceptable contraceptive methods are not available. (Medical Eligibility Criteria for Contraceptive Use, 2015).

After being given KIE as a contraceptive method based on the medical eligibility criteria that should be chosen, Mrs. N chose injectable contraception. There is a gap between theory and reality. In theory, the best choice of birth control method for Mrs. N is the IUD or progestin pill. But the mother chose injectable birth control. Even though progestin injection contraception is included in category 3, this method can be given because of the mother's choice and progestin injection contraception is the second contraceptive where the mother is still using the MAL contraceptive method to this day.

CONCLUSION

1. After reviewing subjective, objective and supporting data using a comprehensive approach and SOAP documentation on Mrs. N it can be concluded that the respondent was in good condition during pregnancy, childbirth, postpartum and family planning, and the respondent's baby was also in good condition.
2. The problems experienced by respondents during labor were pain in the first stage of labor and breast milk that had not come out during the postpartum period.
3. Respondents received endorphin massage during the first active phase of labor 7 times, for 10 minutes every 30 minutes, to reduce pain during the first active phase and were given oxytocin massage starting from the third day post partum, continued to do it at home every day to increase breast milk production
4. After endorphin massage during the first stage, the pain scale before the intervention was given a score of 8, and after the intervention the score was 4, the pain was reduced. And after doing an oxytocin massage, it was found that breast milk production increased.
5. Endorphin massage and oxytocin massage are non-pharmacological solutions that are effective and in accordance with evidence based in the management of reducing pain in the first stage of labor and increasing breast milk production in postpartum mothers.
6. Mothers who experience pain during the first stage of labor are given non-pharmacological therapy in the form of endorphin massage so that the mother's complaints are reduced. Postpartum mothers are given oxytocin massage so that breast milk production increases.

SUGGESTION

COC can be applied to patients from pregnancy to birth control so that emergencies can be detected.

REFERENCES

Alfiatun, dkk (2021). *Pengaruh pijat oksitosin terhadap peningkatan produksi ASI pada ibu post partum di RSUD dr. Chasbullah A.M kota Bekasi*.
(https://www.researchgate.net/publication/345097376_Pengaruh_pijat_oksitosin_terhadap_peningkatan_produksi_ASI_ibu_postpartum Diakses 2 Januari 2024)

- Antik, Arum Lusiana & Esti Handayani, (2017). Pengaruh Endorphine Massage terhadap Skala Intensitas Nyeri Kala 1 Fase aktif Persalinan. *Jurnal Kebidanan*. (Online), Volume 6 No 12 (<https://ejournal.poltekkes-smg.ac.id/ojs/index.php/jurkeb/article/view/1907>, Diakses 2 Januari 2024)
- Ari Sulistyawati. 2015. *Asuhan Kebidanan Pada Ibu Nifas*. Yogyakarta : Perpustakaan Nasional
- Armini, N. W., Sriasih, N. G. K. dan Marhaeni, G. A. (2020). *Asuhan Kebidanan Neonatus, Bayi, Balita & Anak Prasekolah*. Yogyakarta : ANDI.
- Armini, N.W., et al. (2020). *Manajemen Laktasi bagi Tenaga Kesehatan dan Umum*. Yogyakarta : Nuha Medika
- Asih dan Risneni. (2016). *Buku Ajar Asuhan Kebidanan Nifas dan Menyusui*. Jakarta: CV. Trans Info Media.
- Badan Pusat Statistik. (2021). *Tingkat capaian pemberian ASI*. (Persen), 2011-2020. Retrieved from Badan Pusat Statistik Indonesia.
- Baljon KJ, Romli MH, Ismail AH, dkk. Efektivitas Senam Pernafasan, Pijat Refleksi Kaki dan Pijat Punggung (BRM) terhadap Nyeri Persalinan, Kecemasan, Durasi, Kepuasan, Hormon Stress, dan Bayi Baru Lahir Hasil diantara Primigravida Selama Tahap Pertama Persalinan di Arab Saudi : Protokol Penelitian untuk Uji Coba Terkontrol Secara Acak. BMJ Terbuka 2020;10:eo33844,doi:10.1136/bmjopen-2019-033844 (<http://dx.doi.org/10.1136/bmjopen-2019-033844>)
- Dewi, Meinasari Kurnia. (2023). Pengaruh Pijat Endorfin Terhadap Penurunan Intensitas Nyeri Persalinan Kala 1 Fase Aktif. *Jurnal Riset Ilmiah*. (Online), Vol.2 No 8 (<https://ejournal.nusantaraglobal.ac.id/index.php/sentri/article/view/1339>, Diakses 28 Desember 2023)
- Direktorat Surveilans dan Karantina Kesehatan. (2017). *Direktorat Jenderal Pencegahan dan Pengendalian Penyakit*. Kementerian Kesehatan RI. Posisi pencapaian MDG'S di Indonesia. https://kespel.kemkes.go.id/news/news_public/detail/37
- Ermalena. (2017). *Indikator Kesehatan Sdgs Di Indonesia*. Diperoleh dari <https://ictoh-tcscindonesia.com/wp-content/uploads/2017/05/Dra.-Ermalena-INDIKATOR-KESEHATAN-SDGs-DI-INDONESIA.pdf>

- El Sinta, dkk. (2019). *Buku Ajar Asuhan Kebidanan Pada Neonatus, Bayi Dan Balita*. Sidoarjo: Indomedia Pustaka
- Fitriyana & Nopi Anggista Putri. (2017). Pengaruh Pijat Endorphin (Endorphin Massage) Terhadap Intensitas Nyeri Kala 1 Pada Ibu Primipara. *Jurnal keperawatan*. (Online), volume xiii, No 1 (<https://ejurnal.pltekes-tjk.ac.id/index.php/JKEP/article/view/847/675> , Diakses 28 Desember 2023)
- Hadits riwayat Muslim, Ahmad, dan Abu Dawud no. 3634.
- Hakimi, M. (2010). *Ilmu Kebidanan Patologi dan Fisiologi Persalinan*. Yogyakarta: Yayasan Essentia Medica (YCM)
- Jogdeo, Bhagyashree Anil., Nilima R. Bhore. 2013. *The Effect Of Back Massage On The Let Doen Reflex Among Mother Who Had Undergone Cesarean Section*. India. International Journal Of Science and Research (IJSR) Vol 5/Issue 3. Diakses 4 Januari 2024
- Kemkes RI. (2018). *Profil Kesehatan Indonesia Tahun 2018*. Jakarta : Kemkes RI
- Kemkes RI. (2019). *UU. No. 4 tahun 2019 Tentang Kebidanan*. Jakarta : Kemkes RI available : <https://www.jogloabang.com/pustaka/uu-4-2019-kebidanan>
- Kemkes RI. (2021). *Profil Kesehatan Indonesia*. Jakarta : Kementerian Kesehatan Republik Indonesia
- Khasanah, NA & Sulistyawati. (2020). Pengaruh Endorphin Massage terhadap Intensitas Nyeri Pada Ibu Bersalin. *Journal for Quality in Women's Health*. (Online), Volume 3, No 1 (<https://jqwh.org/index.php/JQWH/article/download/43/45/231>, Diakses 30 Desember 2023)
- Kolisotin, dkk. (2019). Pengaruh Pijat Oksitosin Terhadap Produksi ASI Ibu Postpartum Di Bpm Wilayah Kabupaten Klaten. *Jurnal Terpadu Ilmu Kesehatan*, <https://ejournal.unuja.ac.id/index.php/jkp/article/view/598/0> Diakses 5 Januari 2024)
- Pawale, MP & Salunkhe, JA (2020). Efektifitas Pijat Punggung Pada Pereda Nyeri Pada Tahap Pertama Tahapan Persalinan Pada Ibu Primi Yang Dirawat Di Tersier Pusat Perawatan. *Jurnal Kedokteran Keluarga Dan Perawatan Primer*.
- Profil Kesehatan Provinsi Lampung. (2020). *Profil Kesehatan Lampung Tahun 2020 tentang pemberian ASI*. Bandar Lampung: Dinas Kesehatan Provinsi Lampung
- Profil Kesehatan Lampung Selatan (2020). *Profil Kesehatan Lampung Selatan Tahun 2020 tentang AKI dan AKB*. Lampung Selatan: Dinas Kesehatan Lampung Selatan
- Purnamasari dan Hindiarti (2020). *Pengaruh pijat oksitosin terhadap pengeluaran ASI pada ibu post partum* (<https://ejournal.medistra.ac.id/index.php/JK/article/download/249/136/#:~:text=Menurut%20asumsi%20peneliti%20bahwa%20pijat,sangat%20penting%20dalam%20pengeluaran%20ASI>, Diakses 8 Januari 2024).
- Sasmita. (2021). *Perbedaan Kepuasan Bayi Menyusu Sebelum Dan Sesudah Dilakukan Pijat Oksitosin Pada Ibu Nifas Di Klinik Bersalin*. (<http://repository.poltekkedendipasar.ac.id/7804/>, Diakses 4 Januari 2024)
- Samsudin dan Samsiyani. (2020). *Peningkatan produksi ASI pada ibu nifas yang dilakukan intervensi pijat oksitosin*. Literature Review. (<https://stikeskip-palopo.e-journal.id/JFK/article/view/118>, Diakses 2 Januari 2024)
- Saputri, I.N, Ginting, D.Y, & Zendato, I.C. (2019) Pengaruh Pijat Oksitosin terhadap Produksi ASI pada Ibu Postpartum. *Jurnal Kebidanan Kestra (JKK)*. Vol 2, No.1 (<https://ejournal.medistra.ac.id/index.php/JK/article/view/249/136>, Diakses 6 Januari 2024)
- Selistiyaningtyas dan Pawestri. (2021). *Peningkatan produksi ASI ibu post partum sectio caesarea setelah dilakukan pijat marmet dan oksitosin*. (<https://jurnal.unimus.ac.id/index.php/nersmuda/article/view/6228>, Diakses 5 Januari 2024)
- Tri Utami, Iis, dkk (2022). *Terapi Komplementer Pada Ibu Bersalin*. Yogyakarta : Pustaka Egaliter
- Tuasikal, dkk. (2020). *Pengaruh pijat oksitosin dalam meningkatkan produksi ASI*. (<https://ejurnal.husadakaryajaya.ac.id/index.php/JAKHKJ/article/download/219/174>, Diakses 28 Desember 2024)
- Walyani, Elisabeth Siwi., Endang Purwoastuti. 2015. *Asuhan Kebidanan Masa Nifas Dan Menyusui*. Surakarta: Pustaka Baru Press.
- Walyani. (2017). *Asuhan Kebidanan Masa Nifas & Menyusui*. Yogyakarta: Pustaka Baru Press.
- Widiyarsi dan Benefi. (2021). *Asuhan Kebidanan Continuity Of Care Pada Ny.C Masa Hamil, Persalinan, Nifas, Neonatus Dan Kontrasepsi Di Puskesmas Cimalaka Kabupaten Sumedang Tahun 2021*. Diperoleh dari (<https://journal.umtas.ac.id/index.php/prosidi>

- ngkeperawatan/article/view/1909/902,
Diakses 30 Desember 2023)
- Yulizawati, dkk (2019). *Buku Ajar Asuhan Kebidanan Pada Persalinan*. Sidoarjo; Indomedia Pustaka
- Yulita, N., & Juwita, S. (2019). Analisis pelaksanaan asuhan kebidanan komprehensif di kota pekanbaru. *Journal of Midwifery Science* , 80-83
(<https://jurnal.univrab.ac.id/index.php/jomis/article/view/827> , Diakses 6 Januari 2024)