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MANAGEMENT OF POSTPARTUM MOTHER CARE MIDWIFERY MRS. N WITH ASI AT POLINDES WARI DAM DISTRICT NORTH DISTRICT HALMAHERA TOBELO

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ABSTRACT

Introduction: According to the WHO 81% of AKI due to complications during pregnancy and childbirth, and 25% during the postpartum period. Maternal death during childbirth is usually caused by postpartum infection (10%), this occurred because of a lack of care on the wound, bleeding (42%) (Due to tear the birth, retained placenta and atonic), eclampsia (13%), and complications times parturition (11%), infection in puerperal also be caused due to a Mrs problem that may occur ie lactation breastfeeding Dam.

Methods: Case study type used is a case report on post partum mothers with breastfeeding dam by using descriptive method. Location of the study or collection of cases conducted in North Halmahera Wari Polindes Year 2018. The subject use case is in Mrs. N with ASI dam. Time taking cases implemented in May-June 2018 by using the format 7 steps varney with data collection using primary data and secondary data.

Result: Implement midwifery care in Mrs. N age of 27 years P1A0 with dam breastfed for 3 days, the evaluation obtained is the general state of good mother, blood pressure 110 / 80mmHg, pulse 80 x / min, respiration 24 x / min, a temperature of 36, 5 ° C, anxiety mother is reduced, pain and swelling and no redness in the breast, breast milk out smoothly, the mother can breastfeed her

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baby properly, the

mother can perform self breast care and breast milk dam has been resolved.

Conclusion: In the case of Mrs. N P1A0 age of 27 years with the dam breast milk is not a gap between theory and practice.

INTRODUCTION

Child health care efforts aimed at preparing future generations of healthy, intelligent and quality and for child mortality. Child health care efforts made since the fetus is still in the womb, birth, after birth, and up to 18 years old. Child health efforts, among others, are expected to reduce child mortality. 1

Breast milk exclusively based on Government Regulation No. 33 of 2012 is the milk given to infants from birth to six months in, Without adding and / or replaced with other food or drink. 2

According to the World Health Organization (WHO) 81% of AKI due to complications during pregnancy and childbirth, and 25% during the postpartum period. Maternal death during childbirth is usually caused by postpartum infection (10%), this occurred because of a lack of care on the wound, bleeding (42%) (Due to tear the birth, retained placenta and atonic), eclampsia (13%), and complications times parturition (11%), infection in puerperal also be caused due to aMrs problem that may occur ie lactation breastfeeding Dam. 3ASI is the most ideal source of nutrition with a balanced composition and in adjusting to the baby grows. By providing appropriate feeding management, enough milk to meet the needs of infants up to 6 months. 4

According to the Indonesian Demographic Health Survey found that postpartum mothers experiencing breastfeeding dam as much as 35 985 (15, 69%) puerperal women, and in 2015 the dam postpartum mothers experiencing breastfeeding as much as 77 231 (37, 12%). 5

According to the survey, in the can in northern Moluccas province in 2013 that the province is in the lowest position Moluccas mothers who did not breastfeed her baby with a number of exclusive presentation of 21, 7% and one of the reasons for not breastfeeding is the dam breast milk.

ASI Dam is an event in which the venous and lymphatic flow is blocked, the flow of milk becomes blocked and pressure on the mother's milk ducts and alveoli increase. 6 Handling conducted the most important is to prevent the dam breast milk; do care about feeding the baby immediately after birth, breastfeeding without on schedule, took a little milk then apply on the nipples before breastfeeding so putting more mushy, pulled by hand or pump breast milk when

milk production exceeds the needs, carry out breast care after childbirth.

METHODS

The research is a descriptive study. 24 type used is a case study report on a case of puerperal women with breastfeeding dam using descriptive method is a method that is done with the main goal to create a picture or a situation objectively descriptive. The case study was carried out to assess the report a problem with a case consisting of a single unit.

DISCUSSION

I. Assessment

In accordance with the theory of Varney, In this first step collected all the information is accurate from all related to the client's condition. To obtain the data can be done by anamnesis, physical examination and inspection in accordance with the requirements of vital signs, special examinations and investigations., Complaints in patients with ASI dam is breast swelling, hard, heat until reddish. At a temperature of postpartum mothers with breastfeeding dam rise in temperatures reaching 38 ° C and in the case of postpartum mothers breastfed Dam palpable breast hot, hard, and painful when pressed. While complaints Mrs. N age of 27 years P1A0 swollen breasts, there is little redness, pain, and body heat (38 ° C) and a palpable breast hard on the right side of the breast. Of assessment data can not be found the gap between theory and cases.

II. Data interpretation

In a review of cases in the interpretation of data to identify to diagnose, Baseline data was collected interpreted so as to formulate a diagnosis or specific issues. The formulation of diagnoses and problems are both used because the problem can not be defined as diagnsa but requires penangana. Problems often associated with the assessment. She felt anxious because of the heat and sore breasts when breastfeeding her baby. Needs of postpartum mothers with breastfeeding dam is to provide explanations and made plans to reduce that anxiety.

In the interpretation of the gathered data obtained obstetrics diagnosis Mrs, N P1A0 age of 27 years post partum day ASI 3dengan dam. In the case of Mrs. N dams mother breastfeeding problems arise that seem painful and seemingly anxious state of the breast due to swelling, pain and heat and thus require information about the state of her (dam ASI) and breast care and moral support from her husband, family, and midwives.

Based on the above cases the diagnosis of obstetric problems and needs that arise are in accordance with the theory and there is no gap between the theory of the case,

III. Potential diagnosis

In a review of cases if not treated immediately ASI dam will cause mastitis infection. However, in a review of cases does not occur because the mother has been given a mastitis therapy. Explanation of how breast care, breast-feeding right way, and it was shown that mothers exclusively breastfeed their stay so there are no signs and symptoms of mastitis direction. So it is not found to be a gap between the case and the theory

IV. Immediate action

Anticipation dam independently ASI is applying warm compresses, Breastfeeding immediately while collaboration is by providing analgesic and antibiotics. Anticipation in Mrs. N age of 27 years P1A0 is giving a warm compress and therapy 1x1 Paracetamol 500 mg and 500 mg antalgine 3 x 1. At this stage of anticipation is not done because of the potential diagnosis does not appear. So in this step there is no gap between theory and cases.

V. Intervention

At this stage, Develops plans based on diagnoses, problems and needs. Planning midwifery care to women with dam BMS is to give moral support to mothers, encourage for as often as possible, advise both breasts disusukan, give counseling guidance and training on the treatment of breast, advise compress the warm breast before disusukan, encourage issued a little milk before feeding in order more flabby breasts, making it easier to put it into the baby's mouth.

If the baby can not suckle, Encourage breastfeeding are removed by hand or pump and given to the baby by cup or spoon, advise the mother remains in removing the breastmilk as often as necessary until the dam is resolved, to reduce pain suggest compress of warm and cold, when the mother fever give fever-lowering drugs and pain-reducing, do massage the breast swollen area is useful to help facilitate breastfeeding expenditure, there should advise mothers during breastfeeding remain relaxed, encourage eating nutritious foods to increase endurance and multiply drinking, give antipyretic and analgesic therapy. In the case of Mrs. N age of 27 years P1A0 plan of actions taken equal with planning in theory. So there is no gap between theory and cases.

VI. Implementation

Preparation of implementation in accordance with the diagnosis of the problems found to anticipate a

more dangerous problem, Implementation is done according to plan. In this stage there is no gap between theory and cases.

VII. Evaluation

The final results in implementing midwifery care at Mrs. N age of 27 years P1A0 with dam breastfed for 3 days, evaluasiyang obtained are: general state of good mother, blood pressure 110 / 80mmHg, pulse 80 x / min, respiration 24 x / min, a temperature of 36, 5 ° C, anxiety mother is reduced, pain and swelling and no redness in the breast, breast milk out smoothly, the mother can breastfeed her baby properly, the mother can perform self breast care and breast milk dam has been resolved.

CONCLUSION

Based on what was obtained in the case report and discussion "on Mother Midwifery Care Ruling Mrs. N age of 27 years P1A0 denganBendungan BMS in Polindes Wari who use the 7 steps Varney from data collection through to the evaluation, the writer can take some conclusions.

1. The assessment was conducted by collecting all the data according to the sheet format available through systematic observation and interview techniques. Subjective data, especially on the main complaint that Ms. postpartum mothers. N age of 27 years P1A0 with ASI dam, the complaint said body Mrsa hot mom, her breasts swollen, painful, spending a little breast milk, the baby does not want to breastfeed and mothers feel anxious about the situation. Objective data is the general state of good, awareness composmentis, blood pressure 110/80 mm Hg, pulse 84 x / min, respiration 24 x / min, a temperature of 38 ° C, breast swelling to the right, there is redness, nipple flattening and abrasions and ASI bit Exit.
2. Interpretation of the data from the assessment results obtained Mrs. N age of 27 years P1A0 postpartum day 3 with the dam ducts, a problem that occurs is the mother looked in pain and looked anxious and needs to do is to explain and create a plan to reduce the anxiety.
3. Potential diagnosis of mastitis did not occur.
4. Immediate action by observation vital signs and state of the breast, therapeutic form of Paracetamol 500 mg1x1 and antalgine 500 mg 3 x 1 and were given a warm compress.
5. Planning granted in Mrs. N age of 27 years P1A0 with ASI dams, among othersGive an explanation to the mother and family about the circumstances of

the mother at this time, give an explanation to the mother how to reduce pain before and after feeding, give an explanation on the mother on how to care after giving birth, give an explanation to the mothers about how breastfeeding is right, give antipyretics and vitamins to reduce pain, Instruct the mother to consume plenty of vegetables and fruit - fruit, Instruct the mother to drink

6. The undertakings given at Mrs. N age of 27 years P1A0 with dam ASI carried out according to plan
7. Midwifery Care Evaluation Once implemented during the 3 days of the final results obtained in implementing midwifery care in Mrs. N age of 27 years P1A0 with dam breastfed for 3 days, evaluasiyang obtained are: general state of good mother, blood pressure 110 / 80mmHg, pulse 80 x / min, respiration 24 x / min, a temperature of 36, 5 ° C, anxiety mother is reduced, pain and swelling and no redness in the breast, breast milk out smoothly, the mother can breastfeed her baby properly, the mother can perform self breast care and breast milk dam has been resolved. there is no gap between theory and cases.

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