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MIDWIFERY CARE MANAGEMENT IN NY "R" WITH MILITUS DIABETES IN PREGNANCY AT TOBELO HALMAHERA UTARA HOSPITAL

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ABSTRACT

Background: Gestasional Diabetes Mellitus is a normal pregnancy accompanied by umbilical cord twists that can form loops around the body, shoulders, upper / lower limbs and neck in infants. Cases of infant mortality in childbirth with several complications such as abortion, umbilical cord winding, asphyxiation and low birth weight are still serious problems today. **The aim of the study:** to provide midwifery care using 60 steps APN delivery management.

The type of research used was descriptive with a case study approach to midwifery management in accordance with the 7 varney steps. Childbirth care was carried out at the A-athirah clinic in the village of Gosoma Halmahera Utara in 2020.

The results of the study: Mrs. L, 32 years old GIIPIA0. Gestation age 40 weeks 5 days with umbilical cord twisting 1 time and the umbilical cord is loosened to deliver the whole body of the baby.

Conclusion: The baby was born safely on 28 October 2020 at 09.25 East Indonesia Time, female sex, Weight: 3,300 kilograms, Body length: 48 centimeters.

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Preliminary

Diabetes Millitus is a disease of cases of infant mortality in the world according to WHO data, for developing countries it is very high due to poor nutritional status, inadequate health care patterns, accompanied by inadequate health promotion for pregnant women. The Infant Mortality Rate (MMR) in Indonesia is reported to have decreased significantly in the last few years, namely 9% per live birth, this is because there has been an increase in good nutrition, improved health service patterns and increased knowledge of pregnant women.² Infant Mortality Rate (MMR) in North Halmahera Regency fluctuates, namely in 2019 and Januari to September 2020, where in 2019 the Infant Mortality Rate increased by the number of 4 babies due to asphyxia 2, Tetanus 1 and LBW 2.3 The umbilical cord is the umbilical cord that can form a loop around the body, shoulders, upper / lower legs and neck in babies. This condition can be found in excessive amniotic fluid, long umbilical cord, and small babies. Cases of infant mortality in childbirth with several complications such as abortion, umbilical cord winding, asphyxiation and pregnancy are still serious problems today.

Method : This study used a descriptive research design with a 7-step management approach. Varney studied and analyzed the umbilical cord umbilical cord theory of midwifery care management and documentation method at Athira Clinic. Primary data collection techniques: are data taken directly through interviews with patients.¹⁴

Secondary data: are data taken from patient status and records, both outpatient and inpatient. The population is a group of subjects who are the object or target of the study The population in this study is pregnant women in the third trimester at the Athira Tobelo Clinic. The population is a group of subjects who are the object or target of the study. The population in this study was pregnant women with Trimrster III at Athira Tobelo clinic. The location of the research was carried out in August to September. Case Collection at Athira Clinic. The time for taking the case is planned in August 2020. Operational Definition Midwifery care is a problem-solving process used as a method for organizing thoughts and actions based on scientific theory using Varney's 7 steps. Identification of actual diagnoses / problems. And using SOAP is a note that is simple, clear, logical and concise. The principle of the SOAP method is the thought process of midwifery management management. Based on the evaluation, then a midwifery care plan is written in a progress note in the form of SOAP.

Result

Mother said that she fast accompanied by mucus and blood discharge since 04.00 WIT. Current pregnancy history: G2 P1A0 HPHT: 15 January 2020 TP: 22 October 2020 ANC visits: regular, frequency: 2 times. Medicines commonly consumed during pregnancy: the mother said she only took drugs given by the midwife, namely, folic, acid and Fe. Fetal movements:> 10 times

a day, fetal movements. Interpretation of Diagnosis Data Ny. R G2P1A0 age 32 years UK 40 weeks, single fetus, live, intrauterine, head presentation, in the first stage of the active phase. Potential diagnosis: Potential for asphyxia in infants. Anticipation / immediate action: Collaboration with the doctor SPOg Action plan: Tell the mother the results of the examination and explain to the mother about the current situation. Pipmpin the mother in labor release the umbilical cord by stretching it over the baby's head. Implementation: Observe KU & VS every 4 hours or if indicated. Observing HIS, DJJ every 30 minutes Doing UT every 4 hours or if there is an indication Observing vaginal discharge giving explanations to the mother and family about the labor process, namely getting stronger, more mucus from the birth canal, making 10 cm birth canal, the mother feels like defecating and the mother wants to push. Giving moral support to the mother by always giving encouragement, and giving the understanding that birth is a natural process experienced by women so that the mother must be strong and sure that the mother is able to pass it. family to accompany the mother during childbirth. Advise the mother not to push before the complete opening. Encourage the mother to tilt to the left. Prepare a tool / parturition set and medication (oxytocin 0.5 cc, metergine 0.5 cc). Encourage mothers to eat and drink between contractions Evaluation: The mother already knows the results of the examination. The mother has given birth, the umbilical cord is resolved and the baby does not develop asphyxia.

Midwifery Care Management Discussion In NY. R data collection is the initial stage of midwifery processing carried out by means of subjective data assessment of objective and supporting data. Mother's subjective data said she was happy with the birth of her baby. Babies are born spontaneously with loosening of the umbilical cord and the talipusat loosens past the baby's head. There is no gap between theory and practice. Conclusion: management is carried out on R using 7 varney steps with the results of maternal complaints.

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