

**ASUHAN KEBIDANAN *CONTINUITY OF CARE* (COC)
PADA NY. “D” DI TPMB NY. F
KABUPATEN JEMBER**



Oleh:

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**PROGRAM STUDI PENDIDIKAN PROFESI BIDAN PROGRAM
PROFESI FAKULTAS ILMU KESEHATAN
UNIVERSITAS dr. SOEBANDI
TAHUN AKADEMIK
2025**

LEMBAR PENGESAHAN

COC dengan judul: “Asuhan Kebidanan *Continuity Of Care* (COC) Pada NY. ”D”
Di Wilayah TPMB Faulia Isnanda Feramita, S.Tr.Keb kabupaten Jember Tahun 2025”
telah diperiksa dan dipertahankan dihadapan TIM penguji. Pengesahan ini
ditandatangani oleh tim penguji dan Ketua Program Studi Profesi Bidan Universitas dr.
Soebandi pada:

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SYNOPSIS

Umi Kulsum, 2025. Continuity of Care for Mrs. "D" 26 Years Old at TPMB Faulia Mita Jember. Midwifery Care Continuity of Care. Midwifery Professional Education Study Program, Profession Program, Dr. Soebandi University, Jember: (1) Yuni Handayani,.S.ST.,MM.M.Kes (2) Faulia Isnanda Feramita, S.Tr.Keb.

The main indicators of the success of maternal health programs can be measured through the Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) (Oktavia and Lubis, 2024). Comprehensive care is care that is provided flexibly, creatively, supportively, guiding and monitoring continuously. The main goal of comprehensive care is to reduce morbidity and mortality (morbidity and mortality rates) in promotive and preventive efforts (Abdullah et al. 2024).

Case report of pregnant women in the third trimester, giving birth, postpartum, neonates and family planning at TPMB Faulia Isnanda Feramita, S.Tr.Keb using 4 steps of SOAP, including subjective, objective, assessment, and plan assessment. Midwifery care for NY. "D" G2P1A0 aged 26 years starting from the third trimester of pregnancy, giving birth, postpartum, BBL, and family planning started from 24-02-2025 to 10-04-2025. The mother is included in the high-risk pregnancy (KRT) number of KSPR 6 with details of the initial value of 2 risk factors regarding the age gap of the children being too close <2 years with a KSPR score of 4, complaints during pregnancy experienced by the mother are feeling anxious because she has passed the HPL and the mother is starting to experience false contractions. The first stage of labor, the latent phase lasted for 4 hours and the active phase for 3.5 hours, the second stage lasted for 24 minutes, the newborn was spontaneous, crying loudly, active movement and reddish skin at 16.54 WIB assisted by a midwife with a female gender, BB: 3300 grams, PB: 52 cm, LK: 34 cm, LD: 35 cm, IMD 1 hour. The placenta was born spontaneously, the mother's postpartum condition was normal, the baby's condition at 4 days old experienced physiological jaundice and physiological weight loss. The physiological problems experienced by the baby were handled well in the evaluation at KN at 28 days old. During family planning care, the mother decided not to use family planning because she divorced her husband and still did not have a partner anymore, while the mother did not feel disturbed in her psychological condition because the mother was accompanied by her family in caring for her children.

The case report results from midwifery care, from pregnancy to family planning, showed no complications. The mother was able to care for herself and her baby. She felt more knowledgeable about breastfeeding and proper attachment, as well as how to express breast milk and store it properly. The mother, under the contraceptive program, agreed to undergo further contraceptive counseling if she had a new partner.

After continuous care and intervention, it was concluded that the care for her pregnancy, delivery, postpartum period, newborn, and family planning progressed normally. It is hoped that after receiving care, NY "D" will be able to independently implement self-care for herself and her baby.