

**ASUHAN KEBIDANAN *CONTINUITY OF CARE* (COC) PADA NY. “W”
DI WILAYAH TPMB Bd. IKAWATI WULANDARI, SST
KABUPATEN JEMBER
TAHUN 2025**

CONTINUITY OF CARE (COC)



**Oleh :
Wida Nuraini
NIM. 24106020**

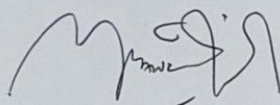
**PRODI PENDIDIKAN PROFESI BIDAN PROGRAM PROFESI
FAKULTAS ILMU KESEHATAN
UNIVERSITAS dr. SOEBANDI
JEMBER
2025**

LEMBAR PENGESAHAN

Laporan Tugas Akhir dengan judul “Asuhan Kebidanan *Continuity Of Care* (COC) Pada Ny. “W” Di Wilayah TPMB Bd. Ikawati Wulandari, SST Kabupaten Jember 2025” telah diperiksa dan dipertahankan dihadapan Tim penguji

Jember, 07 Juli 2025

Ketua Penguji,



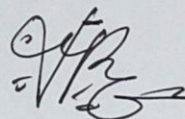
Yuningsih, S.ST., M.Keb
NIK. 19800605 201812 2 156

Penguji I



Bd. Ikawati Wulandari, SST
NIP. 19780424 200312 2 008

Penguji II



Ai Nur Zannah, S.ST., S.Keb., M.Keb
NIK. 19891219 201309 2 038

Mengesahkan,
Dekan Fakultas Ilmu Kesehatan,
Universitas dr. Soebandi



Ai Nur Zannah, S.ST., S.Keb., M.Keb
NIK. 19891219 201309 2 038

SINOPSIS

Wida Nuraini, 2025. *Continuity Of Care* Pada Ny. “W” 30 Tahun di Wilayah TPMB Bd. Ikawati wulandari, SST. Asuhan Kebidanan *Continuity Of Care*. Program Studi Profesi Kebidanan Universitas dr. Soebandi Jember: (1) Ai Nur Zannah, S.ST., S.Keb., M.Keb (2) Bd. Ikawati Wulandari, SST.

Asuhan kebidanan berkesinambungan (*Continuity of Care*) adalah serangkaian kegiatan pelayanan yang berkelanjutan dan menyeluruh dari kehamilan, persalinan, nifas, pelayanan baru lahir serta pelayanan keluarga berencana. Tujuan utama *continuity of care* yaitu untuk meningkatkan pelayanan kesehatan yang bersifat menyeluruh dan bermutu kepada ibu dan bayi. Laporan kasus Ny. “W” dimulai dari kehamilan trimester 3, bersalin, nifas, neonatus dan KB di TPMB Bd. Ikawati Wulandari, SST dengan menggunakan metode pendokumentasian SOAP, meliputi pengkajian Subyektif, Objektif, Assessment, dan Penatalaksanaan. Asuhan kebidanan pada Ny. W G4P2A1 mulai UK 38 minggu tanggal 27 April 2025 dengan kehamilan resiko tinggi (KRT) karena ibu riwayat abortus 1x. Persalinan kala I berlangsung selama 1 jam, lama kala 2 berlangsung 20 menit dan kala 3 berlangsung 10 menit. Bayi lahir spontan, cukup bulan, menangis kuat, kulit kemerahan, gerakan aktif, dengan jenis kelamin perempuan, BB: 3000 gr, PB: 49 cm, IMD berhasil. Lama kala III yaitu 10 menit, plasenta lahir lengkap. Kala IV dilakukan pemantauan selama 2 jam, ibu dalam keadaan normal dan tidak menunjukkan tanda bahaya kala IV. Kunjungan nifas 1 sampai 4 diperoleh hasil bahwa pemulihan ibu berjalan normal. Kunjungan neonatus 1 sampai 3 menunjukkan hasil normal dan kebutuhan ASI tercukupi. Ibu akan menggunakan KB IUD.

Setelah diberikan asuhan dan intervensi secara berkesinambungan, dapat disimpulkan bahwa kehamilan Ny. “W” tergolong resiko tinggi dengan KSPR (kuning) yaitu 6. Asuhan kehamilan, persalinan, nifas, BBL, dan KB berlangsung normal. Diharapkan setelah diberikan Asuhan Ny.”W” dapat menerapkan Asuhan kepada diri dan bayinya secara mandiri.

SYNOPSIS

Wida Nuraini, 2025. *Continuity of Care for Mrs. "W" 30 Years Old in the TPMB Area of Bd. Ikawati Wulandari, SST. Continuity of Care Midwifery Care. Midwifery Profession Study Program, dr. Soebandi University, Jember: (1) Ai Nur Zannah, S.ST.,S.Keb., M.Keb (2) Bd. Ikawati Wulandari, SST.*

Continuity of Care (COC) is a series of ongoing and comprehensive services covering pregnancy, childbirth, postpartum, newborn care, and family planning. The primary goal of COC is to improve comprehensive and high-quality health services for mothers and babies. Case report: Mrs. "W" started from the 3rd trimester of pregnancy, childbirth, postpartum, neonates and family planning at TPMB Bd. Ikawati Wulandari, SST using the SOAP documentation method, including Subjective, Objective, Assessment, and Management assessments. Midwifery care for Mrs. W G4P2A1 started at 38 weeks of pregnancy on April 27, 2025 with a high-risk pregnancy (KRT) because the mother had a history of abortion once. The first stage of labor lasted for 1 hour; the second stage lasted 20 minutes and the third stage lasted 10 minutes. The baby was born spontaneously, full-term, cried loudly, had reddish skin, active movements, was female, weighed 3000 grams, and had successful IMD. The third stage lasted 10 minutes, and the placenta was delivered intact. The fourth stage was monitored for 2 hours, and the mother was in normal condition and showed no signs of danger. Postpartum visits 1 through 4 showed normal recovery. Neonatal visits 1 through 3 showed normal results and adequate breast milk supply. The mother will use an intrauterine device (IUD).

After continuous care and intervention, it was concluded that Mrs. "W"'s pregnancy was classified as high-risk with a KSPR (yellow) score of 6. The pregnancy, delivery, postpartum, newborn care, and family planning care proceeded normally. It is hoped that after receiving care, Mrs. "W" will be able to independently implement self-care for herself and her baby.