ABSTRAK

Proses kehamilan, persalinan, nifas, dan bayi baru lahir merupakan tahapan fisiologis berkesinambungan yang dapat disertai penyulit tak terduga. Penelitian ini bertujuan untuk melaksanakan asuhan kebidanan komprehensif pada Perempuan "KA" di TPMB “LP” Wilayah Kerja Puskesmas Banjar 1 Tahun 2026. Metode penelitian yang digunakan adalah penelitian deskriptif melalui pendekatan studi kasus. Subjek penelitian yaitu Perempuan “KA” dengan kehamilan trimester III (UK 37 Minggu 5 Hari) fisiologis, yang diberikan asuhan berkesinambungan dari masa kehamilan hingga masa nifas 2 minggu beserta pelayanan Keluarga Berencana (KB). Pengumpulan data dilakukan melalui wawancara, observasi, pemeriksaan fisik, dan studi dokumentasi. Pada asuhan kehamilan, ibu diberikan KIE dan asuhan komplementer prenatal yoga. Pada persalinan Kala I dilakukan pemasangan infus Ringer Laktat (RL) untuk rehidrasi cairan ibu. Pada Kala II didapatkan penyulit ketuban keruh kekuningan dan lilitan tali pusat. Bayi lahir spontan belakang kepala dengan asfiksia ringan, yang berhasil diatasi melalui langkah awal resusitasi (DeLee). Tindakan Inisiasi Menyusu Dini (IMD) tidak dilakukan guna memprioritaskan tindakan stabilisasi pernapasan dan observasi adaptasi bayi baru lahir. Kala III plasenta lahir lengkap. Pada Kala IV dilakukan penjahitan perineum derajat II dan pemasangan kontrasepsi IUD Copper T 380A pascapersalinan (post-plasenta). Pada masa nifas tidak ditemukan penyulit, involusi rahim berjalan optimal, dan evaluasi pemeriksaan IUD pada hari ke-15 menunjukkan posisi alat baik tanpa keluhan. Adaptasi bayi baru lahir berjalan fisiologis yang ditandai dengan kenaikan berat badan menjadi 4.400 gram pada hari ke-14. Terdapat sebagian kecil kesenjangan antara teori dan praktik di lapangan, di antaranya pemotongan tali pusat di atas underpad dan perawatan tali pusat yang dibungkus menggunakan kasa steril. Secara keseluruhan, penatalaksanaan asuhan kebidanan komprehensif pada Perempuan “KA” telah berjalan dengan tanggap dan berhasil mencegah komplikasi secara efektif.

Kata Kunci : Asuhan kebidanan komprehensif, Kehamilan TM III, Lilitan tali pusat, Prenatal yoga

ABSTRACT

The process of pregnancy, childbirth, postpartum and newborn is a continuous physiological stage that can be accompanied by unexpected complications. This research aims to carry out comprehensive midwifery care for "KA" women in the TPMB "LP" Banjar Health Center Working Area 1 of 2026. The research method used is descriptive research through a case study approach. The subject of the study is a "KA" woman with a physiological third trimester pregnancy (UK 37 weeks 5 days), who is given continuous care from pregnancy to postpartum period 2 weeks along with Family Planning (KB) services. Data collection was carried out through interviews, observations, physical examinations, and documentation studies. In pregnancy care, mothers are given KIE and complementary prenatal yoga care. In Phase I delivery, Ringer Lactate (RL) infusion is installed for rehydration of the mother's fluids. In Phase II, yellowish cloudy amniotic complications and umbilical cord circumference were found. Babies are born spontaneously behind the head with mild asphyxia, which is successfully overcome through the initial steps of resuscitation (DeLee). Early Breastfeeding Initiation (IMD) actions are not carried out to prioritize respiratory stabilization and newborn adaptation observation. Period III the placenta is born complete. In Phase IV, second-degree perineal sutures and postpartum Copper T 380A IUD contraceptives were installed. During the postpartum period, no complications were found, uterine involution ran optimally, and the evaluation of the IUD examination on day 15 showed the position of the device well without complaints. The adaptation of the newborn is a physiological walk characterized by an increase in weight to 4,400 grams on the 14th day. There is a small gap between theory and practice in the field, including cord cutting over an underpad and cord treatment wrapped in sterile gauze. Overall, the management of comprehensive midwifery care for "KA" women has been running responsively and has succeeded in preventing complications effectively.

Keywords : Comprehensive obstetric care, TM III Pregnancy, Umbilical cord wrapping, Prenatal yoga