

ABSTRAK

Kehamilan, persalinan, nifas dan bayi baru lahir hingga perencanaan kontrasepsi merupakan rangkaian periode yang saling berkaitan dan memerlukan pemantauan berkesinambungan. Pemantauan yang tidak dilakukan secara berkelanjutan dapat menyebabkan perubahan kondisi ibu dan bayi tidak teridentifikasi secara dini dan berpotensi menghambat pemberian asuhan yang tepat. Dengan penerapan asuhan kebidanan komprehensif melalui pendekatan *continuity of care* (COC) diharapkan dapat menjamin kesinambungan pemantauan dan pemberian asuhan kepada ibu dan bayi. Penelitian ini bertujuan untuk melaksanakan asuhan kebidanan komprehensif pada perempuan di TPMB “KK” Wilayah Kerja Puskesmas Seririt I Tahun 2026. Metode penelitian yang digunakan adalah penelitian deskriptif dengan pendekatan studi kasus, subjek penelitiannya yaitu Perempuan “NI” G3P2A0 UK 36 Minggu 5 Hari fisiologis yang diberikan asuhan mulai dari kehamilan trimester III sampai 2 minggu masa nifas. Pengumpulan data dalam penelitian ini melalui wawancara, observasi, pemeriksaan fisik dan studi dokumentasi. Hasil asuhan menunjukkan bahwa kondisi ibu selama kehamilan trimester III berlangsung fisiologis tanpa ditemukan komplikasi. Kondisi tersebut berlanjut hingga proses persalinan yang berlangsung fisiologis dengan kala I berlangsung ± 4 jam, kala II 7 menit, kala III 5 menit, dan kala IV 2 jam tanpa penyulit. Pada masa nifas tidak ditemukan komplikasi pada ibu. Pada bayi saat baru lahir bayi segera menangis, bergerak aktif, jenis kelamin perempuan, pelaksanaan IMD pada bayi baru lahir belum terlaksana secara optimal dan keadaan fisik dalam batas normal serta tidak ada kelainan. Perencanaan kontrasepsi telah dilakukan sesuai dengan kebutuhan serta rencana reproduksi ibu dengan suami. Secara keseluruhan Asuhan kebidanan komprehensif yang diberikan pada perempuan “NI” di TPMB “KK” sudah dilaksanakan dan berjalan secara fisiologis tanpa komplikasi pada ibu dan bayi, meskipun ditemukan beberapa kesenjangan antara teori dengan aktual di lapangan. Diharapkan tenaga kesehatan dapat mempertahankan standar pelayanan asuhan kebidanan sesuai pedoman yang berlaku serta meningkatkan kesinambungan asuhan untuk meminimalkan keterbatasan dalam pemberian asuhan.

Kata kunci: trimester III, asuhan kebidanan komprehensif, *continuity of care*

ABSTRACT

Pregnancy, childbirth, the postpartum period, and newborn care through contraceptive planning constitute a series of interrelated periods that require continuous monitoring. Inadequate continuity of monitoring may result in changes in the maternal and neonatal conditions not being identified at an early stage, potentially hindering the provision of appropriate care. The implementation of comprehensive midwifery care through a continuity of care (COC) approach is expected to ensure continuity in monitoring and providing care to mothers and infants. This study aimed to provide comprehensive midwifery care to a woman at Independent Midwife Practice (TPMB) “KK” within the working area of Seririt I Public Health Center in 2026. This study employed a descriptive method with a case study approach. The subject was “NI,” a G3P2A0 woman at 36 weeks and 5 days of physiological pregnancy, who received care from the third trimester of pregnancy through two weeks postpartum. Data were collected through interviews, observations, physical examinations, and documentation studies. The results of the care indicated that the mother’s condition during the third trimester of pregnancy remained physiological, with no complications identified. This condition continued throughout labor, which progressed physiologically, with the first stage lasting approximately 4 hours, the second stage 7 minutes, the third stage 5 minutes, and the fourth stage 2 hours, with no complications. No complications were identified during the postpartum period. At birth, the newborn cried immediately, was active, and was female. Early initiation of breastfeeding (EIBF) was not implemented optimally. The newborn’s physical condition was within normal limits, with no abnormalities identified. Contraceptive planning was carried out according to the mother’s needs and her reproductive plans with her husband. Overall, comprehensive midwifery care provided to “NI” at TPMB “KK” was implemented and progressed physiologically without complications in either the mother or the infant, although several gaps between theoretical standards and actual practice in the field were identified. It is expected that healthcare providers will maintain midwifery care standards in accordance with applicable guidelines and improve continuity of care to minimize limitations in the provision of care.

Keywords: trimester III, comprehensive obstetric care, *continuity of care*