ABSTRAK

Kehamilan trimester III merupakan periode akhir kehamilan yang berlangsung pada usia kehamilan 28–40 minggu. Pada periode ini terjadi berbagai perubahan fisiologis dan psikologis sebagai bentuk adaptasi terhadap pertumbuhan dan perkembangan janin serta persiapan menghadapi persalinan. Oleh karena itu, diperlukan asuhan kebidanan komprehensif dan berkesinambungan untuk memantau kesehatan ibu dan janin, mendeteksi komplikasi secara dini, serta mempersiapkan persalinan, masa nifas, dan perawatan neonatus. Penelitian ini bertujuan memberikan gambaran pelaksanaan asuhan kebidanan komprehensif pada Perempuan "PC" mulai dari kehamilan trimester III, persalinan, masa nifas, hingga neonatus. Penelitian ini menggunakan metode deskriptif dengan pendekatan studi kasus pada Perempuan "PC" usia kehamilan 38 minggu 4 hari di PMB "SS". Asuhan kebidanan dilaksanakan pada 25 April–20 Mei 2026. Pengumpulan data dilakukan melalui anamnesis, pemeriksaan fisik, observasi, dokumentasi, dan penerapan manajemen asuhan kebidanan sesuai standar. Hasil asuhan menunjukkan bahwa selama kehamilan kondisi ibu dan janin dalam batas normal serta ketidaknyamanan fisiologis yang dialami ibu dapat diatasi melalui Komunikasi, Informasi, dan Edukasi (KIE) serta penatalaksanaan yang sesuai. Pada proses persalinan, ibu mengalami fase laten memanjang selama kurang lebih 14 jam. Setelah pembukaan lengkap, ibu mengalami kelelahan sehingga tidak mampu mengedan secara efektif dan tidak terjadi kemajuan penurunan kepala janin. Berdasarkan kondisi tersebut, ibu dirujuk ke rumah sakit tipe B dan setelah dilakukan evaluasi diputuskan persalinan dengan tindakan *Sectio Caesarea* (SC) sesuai indikasi medis. Pada masa nifas, kondisi ibu berlangsung fisiologis dengan involusi uterus sesuai, lokia normal, produksi ASI lancar, serta penyembuhan luka operasi berlangsung baik tanpa tanda infeksi. Asuhan nifas juga disertai edukasi mengenai mobilisasi dini, perawatan luka, nutrisi, kebersihan diri, pemberian ASI eksklusif, dan tanda bahaya masa nifas. Kondisi neonatus selama masa pemantauan berada dalam batas normal, mampu beradaptasi dengan baik, memperoleh asuhan esensial bayi baru lahir, serta tidak ditemukan tanda bahaya maupun komplikasi. Disimpulkan bahwa asuhan kebidanan komprehensif yang diberikan secara berkesinambungan sejak kehamilan trimester III hingga masa nifas dan neonatus berperan dalam mendukung deteksi dini komplikasi, pengambilan keputusan klinis yang tepat, serta penatalaksanaan yang sesuai sehingga kesehatan ibu dan bayi tetap terjaga. Meskipun terdapat beberapa kesenjangan antara teori dan praktik di lapangan, tujuan asuhan kebidanan dapat tercapai dengan baik.

Kata kunci: kehamilan trimester III; asuhan kebidanan komprehensif; persalinan *Sectio Caesarea*; masa nifas; neonatus.

ABSTRACT

The third trimester of pregnancy is the final stage of pregnancy, occurring between 28 and 40 weeks of gestation. During this period, various physiological and psychological changes occur as adaptations to fetal growth and development and preparation for childbirth. Therefore, comprehensive and continuous midwifery care is essential to monitor maternal and fetal health, detect complications early, and prepare for childbirth, the postpartum period, and neonatal care. This study aimed to describe the implementation of comprehensive midwifery care for Mrs. "PC" from the third trimester of pregnancy through childbirth, the postpartum period, and neonatal care. This study employed a descriptive method with a case study approach involving Mrs. "PC" at 38 weeks and 4 days of gestation at Independent Midwifery Practice "SS". Comprehensive midwifery care was provided from April 25 to May 20, 2026. Data were collected through history taking, physical examination, observation, documentation, and the application of standardized midwifery care management. The results showed that during pregnancy, both the mother and fetus were in normal condition, and the physiological discomforts experienced by the mother were successfully managed through Communication, Information, and Education (CIE) as well as appropriate interventions. During labor, the mother experienced a prolonged latent phase lasting approximately 14 hours. After reaching full cervical dilatation, the mother became exhausted and was unable to push effectively, resulting in no further descent of the fetal head. Consequently, she was referred to a Type B hospital, where a Cesarean Section (CS) was performed based on medical indications. During the postpartum period, the mother's condition remained physiological, with normal uterine involution, appropriate lochia, adequate breast milk production, and good surgical wound healing without signs of infection. Postpartum care also included education on early mobilization, wound care, nutrition, personal hygiene, exclusive breastfeeding, and postpartum danger signs. The neonate remained in normal condition throughout the observation period, adapted well to extrauterine life, received essential newborn care, and showed no signs of complications. In conclusion, comprehensive and continuous midwifery care provided from the third trimester of pregnancy through childbirth, the postpartum period, and neonatal care contributed to early detection of complications, appropriate clinical decision-making, and timely management, thereby ensuring the health and well-being of both the mother and the newborn. Although several discrepancies were identified between theory and clinical practice, the objectives of the comprehensive midwifery care were successfully achieved.

Keywords: *comprehensive midwifery care, third trimester pregnancy, childbirth, Cesarean Section, postpartum, neonate.*