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THE CONTINUITY OF CARE FROM PREGNANCY TO NEWBORN FOR MRS. FR AT PUBLIC HEALTH WELAHAN I JEPARA

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ABSTRACT

Background: *The acceleration of MMR reduction is carried out by ensuring that every mother is able to access quality maternal health services, such as pregnant women's health services, childbirth assistance by trained health workers in health care facilities, postpartum care for mothers. A country's health indicators are seen from maternal and infant mortality rates, therefore the importance of continuous care for patients. The implementation of continuity of care (COC) can help assess mothers in providing care to mothers ranging from pregnancy to postpartum to screen for complications that occur. The purpose of the study is to apply midwifery care management to mothers in continuity of care (COC).*

Method : *Type of descriptive research case study method, the implementation of continuity of care was carried out on one patient who was studied from pregnancy to postpartum the success rate of COC Care can be seen from the development of the condition of mothers and babies during the Pregnancy, Childbirth, Postpartum and Neonate phases. Place conducted at Publick Health Welahan I.*

Result : *Results Pregnancy care is carried out according to antenatal care standards, physiological pregnancy. The labor process applies normal labor care, proceeds normally. Care during the postpartum period is carried out as much as 2. At the last postpartum visit, given the intervention of cabbage leaf compresses and the treatment of newborns with massage.*

Conclution : *The results of COC midwifery care are able to deliver mothers and babies in healthy conditions.*

Keywords : Continuity of care, Midwifery care

1. INTRODUCTION

Health efforts are seen from the indicators of Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR). Maternal mortality is the number of maternal deaths during pregnancy, childbirth and puerperium in every 100,000 live births. Infant mortality is the number of infant deaths (0-11 months) per 1000 live births within one year (Kemenkes, 2021).

Based on the Indonesian Demographic and Health Survey from 2012 to 2017, it is

390 per 100,000 live births. However, in 2021, the maternal mortality rate was still high at 359 per 100,000 live births, a slight decrease although not significant. MMR declined again in 2022 to 305 per 100,000 live births. With MMR still high, the government is carrying out the SDGs (Sustaaainable Development Goals) program, which is a continuation program of the MDGs (Millennium Development Goals) starting from 2017 to 2030. One of the targets is to reduce the maternal mortality rate to below

70 per 100,000 live births by 2030 (Kemenkes, 2022).

Pregnancy, childbirth, puerperium, newborn, and birth control are physiological conditions in a woman's life cycle. But in the process there are several possibilities or a condition that can threaten the lives of mothers and newborns and can even cause death. According to WHO, in 2022 around 830 women died due to complications of pregnancy and childbirth (Bagus, 2014).

Efforts to accelerate MMR reduction are carried out by ensuring that every mother is able to access quality maternal health services, such as pregnant women's health services, childbirth assistance by trained health workers in health care facilities, postpartum care for mothers, special care and referrals in case of complications, ease of obtaining maternity and maternity leave, and family planning services (Kemenkes RI, 2014).

Maternal mortality in Indonesia is still dominated by three main causes, namely bleeding (30.3%), hypertension in pregnancy (27.1%), and infection (7.3%). Therefore, to assess the welfare of the population, including mothers and children, the Ministry of Health, in 2017 launched the Expanding Maternal and Neonatal Survival (EMAS) program in order to reduce MMR and AKB by 25%. This program is implemented in provinces and districts with a large number of maternal and neonatal deaths, namely North Sumatra, Banten, West Java, Central Java, East Java, and South Sulawesi (Kemenkes, 2022).

The maternal mortality rate in Central Java Province has also decreased from 111.16 per 100,000 live births to 109.65 per 100,000 live births in 2022. The district/city with the highest death cases is Brebes with 52 cases, followed by Semarang with 35 cases, Tegal with 33 cases while Jepara district ranks 18th with 14 cases. While in Central Java the causes of maternal death are bleeding (21.14%), hypertension (26.34%), and others (40.49%). Other causes of MMR include late recognition of danger signs and making

decisions, late reaching health facilities, late getting health services (Dinas Kesehatan Provinsi Jawa Tengah, 2022).

The Central Java Government's efforts in reducing MMR are with the "Central Java Gayeng Nginceng Wong Meteng (5NG)" program which has 4 phases, namely the Pre-Pregnancy Phase (stop if the age is over 35 years and delay if the age is under 20 years), the Pregnancy Phase (detected, in the data, reported), Labor Phase (pregnant women who will give birth normally in standard basic health facilities and high-risk pregnant women are referred to hospitals with referrals through the SIJARI EMAS system) and Nifas Phase (recording and monitoring postpartum mothers and babies by doctors, midwives, and nurses and monitored by PKK and the community) (Dinas Kesehatan Jawa Tengah, 2019).

Food consumed by the baby will affect the frequency of defecation and the consistency of stool in infants. Changes in defecation patterns in infants are sometimes not noticed by mothers and consider it normal. The impact can cause constipation and diarrhea later in life. Constipation is a symptom of difficult bowel movements, which is characterized by the consistency of hard stools, large size, and decreased frequency of bowel movements (Sarwono, 2012).

According to the Jepara Health Office, the number of maternal deaths in Jepara regency was 19 cases from 30 health centers, the most cases were found in the Annual Puskesmas as many as 3 cases, then Batealit 1 case and the most cases in hospitals as many as 12 cases. AKB until July as many as 42 cases, the most cases at Bangsri 1 Health Center with 9 cases then Mayong and Welahan I with 6 cases. Meanwhile, at the Puskesmas Kembang there are no cases of maternal and infant deaths (Dinas Kesehatan Jawa Tengah, 2021).

One of the efforts to reduce MMR and AKB is to carry out comprehensive care. Comprehensive care is continuous care starting from pregnancy, childbirth,

newborn, postpartum to KB. The hope is that by doing comprehensive care can improve maternal and child health so that MMR and AKB problems can Decreased. One place that can help midwives as health workers who play a role in improving services is the Puskesmas which is close to the community. One of them is the Annual Puskesmas which is one of the puskesmas that supports COC (continuity of care) and as a place for students to carry out continuous care for pregnant, maternity, postpartum women and BBL (Hamdani, 2015).

This effort was continued with the Gerakan Sayang Ibu program by the President of the Republic of Indonesia. One of the main programs is the placement of midwives at the village level on a large scale which aims to bring access to maternal and newborn health services closer to the community. Midwives make home visits and provide services at least 4 antenatal visits to provide counseling, motivate mothers, and motivate husbands and families to encourage mothers to Check her pregnancy regularly and give the right advice in the third trimester to ensure that labor preparations are well planned, clean, safe, in addition to transportation preparations and costs to refer if at any time an emergency occurs. If this is really done by the midwife, early detection of the causative factor AKI and AKB can be known and handled immediately (Riset Kesehatan Dasar, 2019).

In addition, students also carry out continuous care or COC (continuity of care) which is a patient-based learning concept and students can learn directly from patients. In addition, students also actively participate in the COC (continuity of care) experience so as to be able to develop and provide women-centered care. In order to achieve the correct COC (continuity of care) students are required to provide a number of treatments in the field of midwifery, involving different patients during the

period of antenatal care, intranatal care, and postnatal (Suryati Romauli, 2017).

Midwives play a role in always improving their competency regarding the understanding of midwifery care starting from pregnancy, childbirth, newborns, postpartum, and family planning. Continuity of care is the service achieved when there is a continuous relationship between a woman and a midwife. Continuous care is related to the quality of care over time that requires a continuous relationship between patients and health professionals. Obstetric services should be provided starting from preconception, early pregnancy, during all trimesters, childbirth, neonate, puerperium, and birth control (Suryati Romauli, 2017).

If contunitiy of care (COC) care in midwifery is not applied, midwives or other health workers will find it difficult to detect early the presence of complicators that can threaten the life so as to worsen the quality of health (Ministry of Health, 2014). Therefore, the author is interested in providing care based on a study conducted on June 18, 2023 on Mrs. "FR" aged 27 years UK 40 weeks this is the first pregnancy with no miscarriage. So it is feared that complications will occur. So based on the description above, the author will conduct comprehensive obstetric care for Mrs." FR" Age 27 years old at Puskesmas Welahan I Jepara

2. METHODS

The method used in this study is descriptive by applying the principle of midwifery care continuity of *care* and documented in the form of SOAP. The implementation was carried out in Welahan I Jepara from September 22, 2022 to June 2, 2023, the implementation of *continuity of care* was carried out on one patient who was studied from pregnancy to postpartum the success rate of COC Care can be seen from the development of the condition of mothers and babies during the Pregnancy, Childbirth, Postpartum and Neonate phases.

3. RESULTS

Antenatal Care

Date 25 April 2023, Time 15.45 WIB.

Subjective data, the mother wants to check her pregnancy, the mother feels anxious again about the labor process and feel back pain. Objective data, Composentis Consciousness, KU Good, TTV within normal limits, Palpation within normal limits, Estimated fetal weight: (Fundus Uteri height - 12) x 155 (33 - 12) x 155 : 3.255 grams fetal heart rate auscultation audible, 1/3 bottom right center (12 + 12 + 12) 4 : 144/min. Analysis Mrs. FR 27 years GI P0 A0 gestational age 37 physiologically pregnant. Management, lakukan massage after pain and provides an explanation of preparation during childbirth.

Labour

On May 25, 2023, at 15.45 WIB Subjective Data , Mother said that the sniffing was frequent and mucus mixed with blood and felt pain during contractions, Mother said she wanted to give birth, which had started to sag since morning at 07.00 WIB. Objective Data, normal vital sign. Fundus Uteri height mid-proxesus xipoideus-center, puka, head presentation, already entered Pelvic Upper door, divergent 2/5, bottom right center 140x/ min, regular, His 3 x 10 x 45 seconds. Cervical opening 6 cm, amnion is still intact, Effacement 30%, head presentation, location of small crown palpable suture, The lowest part of the fetus has entered Pelvic Upper 2/5 part. Analysis, Mrs. Sdr 27 years GI P0 A0, inpartu kala I active phase. Management, Observation of General conditions, vital sign, bottom right center, contractions, cervical opening and head drop.

At 19.45 WIB Subjective Data, Mother said the contraction began to increase, Mother said she felt like she contraction. Objective Data , DJJ 147 x/min, regular, His 4 x 10 minutes x 50 seconds. Vaginal vulva no abnormalities, portio not palpable, complete opening (10 cm), amniotic (), head presentation, hodge III - IV descent, front small crown denominator, infiltration 0, residual amniotic fluid. Analysis (A), Mrs. FR 27 years GI P0 A0 gestational age 39 weeks, single fetus, live intrauteria, located.

Longitudinal, right back head presentation, inpartu kala II. Planing, carrying out childbirth assistance in accordance with normal labor care (baby born spontaneously on May 25, 2023 at 20.15 WIB crying strong, active, reddish skin color, male sex Weight: 4000 grams, body length 50 cm).

At 20.16 WIB Subjective Data, Mother feels heartburn in the lower abdomen. Objective Data, no second fetus, - Unborn placenta, not palpable second fetus, palpable uterine contractions, uterus is fully round, fundus is at center level, umbilical cord extends in front of vulva. Analysis, Mrs. Sdr 27 years old GI P0 Ao inpartu kala III. Planing, active management is carried out when III, the placenta is born complete at 20.20 the placenta is born complete.

At 20.35 WIB Subjective data, Mother said she felt heartburn in her stomach. Objective data, normal vital signs. Fundus Uteri height 2 fingers below center, bleeding ± 200 cc. cervix, vagina there are lacerations, contractions are good, bladder is empty. Analysis, Mrs. FR 27 years P1 A0 inpartu kala IV. Planing, explaining to the mother that the mother has a laceration / tear in the birth canal so that suturing is done, there is a tear of the perineum grade 1, observation of vital signs, High Fundus Uteri, uterine contractions, bladder, bleeding every 15 minutes in the first 1 hour and every 30 minutes in the second hour postpartum

Post Partum

May 27, 2023, at 05.00 WIB.

Subjective data, Mother has given birth 6 hours ago. Objective data, normal vital sign. TFU 2 fingers below center, contractions are good, hard, bladder is not full, lochea rubra. Analysis , Mrs. FR, 27 years P1 A0 Post Partum 6 physiological puerperium. Planing, teaching mothers proper breastfeeding techniques and still breastfeeding their babies.

June 1, 2023, at 15.45 WIB Subjective data, you feel no complaints. Objective data , normal TTV, mid-center-symphytic TFU, good contractions, hard, incomplete bladder, lochea sanguinolenta, sutures in the perineum of 2nd degree. Analysis, Mrs. Sdr 27 years P1A0 3 days post partum.

Management, explains the danger signs of the puerperium.

June 6, 2023, at 15:45 WIB. Subjective data, the mother does not feel anything. Objective data, normal Vital sign, High Fundus Uteri not palpable, bladder not full, lochea alba. Analysis, Mrs. Sdr 27 years P1A0 8 days post partum. Management, provides health education about the importance of family planning and tells the types of birth control.

Neonatal Care

May 27, 2023, at 5:15 a.m. Subjective data, the mother said there were no complaints in her baby. Objective data, normal vital sign, Birth weight 4000 gr, body length born 50 cm, Head circumference born 33 cm, LD born 36 cm, Upper Arm Circumference born 7 cm. Normal physical examination. Analysis, By. Mrs. FR age 9 hours Physiological baby. Planing, recommends continuing to breastfeed.

June 10, 2023, at 3:45 PM. Subjective data, the mother said she had given breast milk according to her needs and every 2 hours if sleep was awakened, without any addition. Objective data, normal vital sign. body weight 4000 grams. Normal physical examination. Analysis, Mrs. SFR Baby Age 6 days Physiological neonate. Planing, ensuring the baby continues to get breast milk as needed and explaining about the dangers of newborns.

June 10, 2023, at 3:45 PM. Subjective data (S), the mother said her baby breastfed vigorously and milk production was heavy, giving it every 2 hours without any addition. Objective data, normal vital sign. Body weight 4000 grams, body length 52 cm, head circumference 37 cm, chest circumference 37 cm. Normal physical examination. Analysis, Mrs. FR Baby Age 18 days Physiological neonate. Planing, tells the mother to exclusively breastfeed and gives IEC about danger signs to the baby.

4. DISCUSSION

A. Antenatal Care

The assessment that has been carried out to collect the author's data has no difficulty because in conducting interviews and patient observations are very

cooperative. From the beginning to the revisit, the mother was very cooperative.

In the data interpretation step, the diagnosis can be established because the assessment through subjective data and complete objective data is very supportive to establish the diagnosis, namely pregnant women in the first trimester do not experience complaints, while in the second trimester and third trimester with the need for low back pain massage. Because pregnant women in the third trimester experience complaints of back pain. The diagnosis in this case obtained data on the assessment of the mother feeling the complaint. Potential diagnoses in this care do not occur and anticipation of immediate action is not taken.

However, there is a gap between theory and practice, namely in the field only focused on the provision of non-pharmacological therapy with the provision of low back pain massage. Interventions carried out in the treatment after the mother is given a low back pain massage feel back pain feels reduced.

Based on research The results of previous research Ni Luh Putu, et al (2020) the results of bivariate analysis using paired t test obtained a t value of 9.950 and a value of $\rho = 0.000$ ($\alpha = <0.05$), which showed a significant difference in the intensity of low back pain in third trimester pregnant women before and after acupressure bladder point 23. This shows a decrease in the intensity of low back pain in third trimester pregnant women after acupressure point bladder 23 which means there is an influence of acupressure point bladder 23 on the intensity of low back pain in third trimester pregnant women (Ariani et al., 2017)

Supported by Permatasari research (2029), the results of this study show that acupressure has an influence on reducing the level of low back pain, it can be seen from the p value and the difference in average value. The results of this study are supported by research conducted in Taiwan on the treatment of low back pain with acupressure, with the result that within six months acupressure can be effective for

treating lower back pain in hanil mothers. In addition to light exercise for pregnant women, complementary therapies can also be given that can help reduce complaints of pregnant women (Kemenkes RI, 2017).

Based on the theory of how to overcome back pain, namely by pharmacological and non-pharmacological methods. Some ways to reduce the intensity and frequency of low back pain include drinking, avoiding bending over and lifting heavy weights, rest, use a support belt, avoid wearing high heels, get up slowly, sit in a chair that can support the back and place a small pillow behind the lower back, exercise, and warm compresses and massage. Massage is a non-pharmacological method that provides pressure by the hand on soft tissues, usually in muscles, tendons or ligaments, without causing shifts / changes in joint position to reduce pain, produce relaxation, and improve circulation.

Acupressure is a form of physiotherapy by providing massage and stimulation at certain points on the body that are useful for reducing various aches and pains and reducing tension, fatigue and various diseases with the intention of reactivating the circulation of vital energy (Aprillia, 2019).

In our opinion that back pain in III trimester pregnant women is one of the signs of discomfort. Giving pregnancy massage for a long time and continuously can provide a deeper relaxing effect, maximize the process of stretching muscles, and increase tissue elasticity. Giving pregnancy massage intervention can reduce back pain in third trimester pregnant women.

The final result is evaluation, after obstetric care with the provision of low back pain massage will provide comfort so as to reduce aches and pain in the back which will minimize the occurrence of complications in pregnant women.

B. Labour

The assessment that has been carried out by the author has no difficulty because in conducting interviews and patient observations are very cooperative. But there is a gap between theory and practice, namely

in the land only centered on giving back massage to maternity mothers. Intervention carried out in the management of maternity mothers who experience labor pain and anxiety when I by giving cold compresses.

Based on research by Mutia Felina, et al (2019) at BPS Rita Bukit Tinggi from 21 respondents showed that cold compresses have an effect on reducing labor pain during the active phase I in primigravida mothers where all maternity mothers experience severe pain. After doing the cold compress technique for 20 minutes, all the mothers said they were more relaxed and one person said they didn't feel anything until the baby was born. This is supported by statistical tests obtained values ($p < 0.00$) (Reza Dwi Agustiningrum, Mira Triharini, 2019).

In line with the theory that says that pain in labor during the first active phase can be lowered through pharmacological and nonpharmacological methods. Pharmacological methods are narcotic and non-narcotic analgesic drugs, while non-pharmacological methods are cutaneous stimulation and mass, ice and heat therapy, transcutaneous electrical nerve stimulation, distractions, relaxation techniques, guided imagination, hypnosis, surgery (Rahmawati, 2019).

In our opinion, pain in labor when I is caused by cold compress treatment can reduce labor pain experienced by mothers who are about to give birth. At the opening of 4 to 10 the pain is felt more severely. This pain originates from below the abdomen as a result of the opening and thinning of the cervix then the pain spreads to the lower back and down to the thigh caused by the pressure of the fetal head against the mother's spine. This pain is felt only during contractions and will decrease in the intervals between contractions. By putting ice cubes on the sacral lombo can cause some physiological effects. It is thought that cold therapy causes analgetic effects by slowing the speed of nerve conduction so that fewer pain impulses reach the brain. Another mechanism at work is that the perception of cold becomes dominant and reduces the

perception of pain, thus helping the progress of the labor process.

The final result is evaluation, after obstetric care with cold compresses will provide comfort so as to reduce labor pain when I which will minimize the occurrence of complications in labor.

C. Postpartum

Obstetric Care for postpartum mothers with complaints from mothers stating that all gelling bodies, tired after giving birth. Obstacles or obstacles during the implementation of Midwifery Care for postpartum mothers with breast milk have not been smooth. In conducting studies to collect data, the author did not experience difficulties because in conducting interviews and observations patients were very cooperative.

At the data interpretation step, the diagnosis can be established because the assessment through subjective data and complete objective data is very supportive to establish the diagnosis, namely postpartum mothers with the need for cabbage leaf compresses. Because postpartum mothers with the need for cabbage leaf compresses because breast milk has not been smooth. The diagnosis in this case obtained data on the assessment of the mother feeling the complaint. Potential diagnoses in this care do not occur and anticipation of immediate action is not taken.

However, there is a gap between theory and practice, namely in the field only focused on giving non-pharmacological therapy with puerperium administration with the need for cabbage leaf compresses because breast milk has not been smooth. Intervention carried out in handling after the mother is given puerperium with the need for cabbage leaf compresses because breast milk has not been smooth. Implementation is easy to do with simple equipment in the patient's home.

Based on the results of the study, it was found that mothers who experienced less breast milk were less smooth with oxytocin massage much better because mothers in giving breast milk were more relaxed. This

was supported by the results of research from Siti Arifah (2020) The results showed that the scale of breast swelling in postpartum mothers after being given cabbage leaf compresses was mostly on a scale of 2 which can mean there is a slight change in the breast. In this study, a p value of <0.001 was obtained, which means that cabbage leaf compresses are effective in reducing breast swelling (Anita Widiastuti, Siti Arifah, 2020).

The results of the analysis were proven by descriptive analysis which showed that all respondents experienced a decrease in pain scale. The results of this research by Yopi Suryatim, et al (2021) show that cabbage leaf compresses containing amino acids methionine, sinigrin (Allylisoithiocyanate), mustard oil, magnesium, sulfur oxylate heterosides are effective in reducing breast swelling, thereby extending the duration of breastfeeding and increasing breastfeeding success (Susilawati & Ilda, 2019)

According to the assumption of researchers that the decrease in breast swelling scale after being given cabbage leaf compresses is due to high sulfur content so it is believed to reduce breast swelling and inflammation. Cabbage leaves contain inigrin (allylisoithiocyanate) rapine, mustardoil, magnesium, oxylate, and sulfur and have antibiotic, anti-irritant, and anti-inflammatory properties. The cabbage leaf content helps in increasing blood perfusion to the swelling area, dilates the capillaries and acts as a counter deterrent thereby reducing breast swelling and inflammation so that milk flows.

The final result is an evaluation, after obstetric care is carried out with cabbage leaf compresses because breast milk is not smooth in postpartum mothers must continue to breastfeed their babies and do cabbage leaf compresses because breast milk is not smooth, do it alone with the husband if the husband is at home so that postpartum mothers do not occur unwanted complications in breastfeeding.

D. Neonatal

In this chapter, the author discusses obstacles or obstacles during the implementation of Midwifery Care in healthy infants with fuss. In conducting studies to collect data, the author did not experience difficulties because in conducting interviews and patient observations were very good work. At the data interpretation step, the diagnosis can be established because the assessment through subjective data and complete objective data is very supportive to establish the diagnosis, namely fussy babies with the need for infant extremity massage. Because the baby is fussy and sleeps less soundly. The diagnosis in this case obtained data on the assessment of fussy babies. Potential diagnoses in this care do not occur and anticipation of immediate action is not taken.

However, there is a gap between theory and practice, namely in the field only focused on the provision of non-pharmacological therapy with the administration of baby massage at its extremity. Intervention carried out in the handling of Mrs. Sdr's fussy baby by giving extremity baby massage which in its implementation was given to Mrs. FR's baby

Based on research by Ayu Permata (2019) with the results that baby massage can increase the length of night sleep in infants aged 3-6 months This is based on the results of the analysis before and after the intervention obtained a significance value $p = 0.03$ (Syaukani, 2015).

The results of this research are in accordance with those stated by . J. David Hull, a molecular virologist from England, in a paper entitled Touch Therapy: Science Confirms Instinct, mentions massage therapy 30 minutes per day can reduce depression and anxiety. A 15-minute massage for 6 weeks in infants aged 1-3 months also increased alertness and reduced crying. This will be followed by an increase in body weight, improvement of psychological condition, increased serotonin levels, and reduced stress hormones by producing the hormone oxytocin so as to

make the baby more relaxed and sleep more soundly (Ratna, R., & Aswad, 2019).

In line with the existing theory that the improvement of sleep quality in babies who are given massage is caused by an increase in serotonin secretion levels produced during massage. Serotonin is the main transmitter substance that accompanies the formation of sleep by suppressing the activity of the reticular activating system and other brain activities. Serotonin synthesized from the amino acid tryptophan will be converted into 5-hydroxytryptophan (5HTP) then into N-acetyl serotonin which eventually turns into melatonin. Melatonin has a role in sleep and makes sleep longer and sounder at night. One of the characteristics of babies who get enough and quality sleep is that babies can sleep easily at night, are fit when they wake up, are not fussy, and can do activities cheerfully during the day. To get quality and adequate sleep for babies, it is necessary to do routines and facilitation from the baby's environment (Roesli, 2014).

Recognition of regular and sufficient sleep patterns is very important so that babies get enough benefits from sleep at night and so that during the day babies can be awake fit to move cheerfully. The quality of the baby's sleep not only affects his physical development, but also his attitude the next day. Babies who sleep enough without waking up often will be fitter and not easily fussy. Getting babies to sleep enough with a regular pattern can help babies achieve optimal growth and development (Dewi, 2019).

It is our opinion that fussy babies usually experience sleep disturbances and discomfort in the body. The average baby who experiences fussiness will affect the breastfeeding process and sleep patterns are less sound. This will result in growth and development in babies less than optimal. Giving extremity massage therapy can relax the body and the baby will feel comfortable so that sleep will be more sound. Another benefit of baby massage is that it helps stimulate and balance the hormones in the baby's body, namely cortisol and oxytocin. The hormone cortisol is a hormone that

causes stress. With baby massage can stimulate lower cortisol hormone so that the baby will be more carefree and do not like to cry. On the other hand, baby massage will stimulate the hormone oxytocin which can cause a sense of comfort and kassih saying so as to create a psychological bond between the baby and the mother

The final result is evaluation, after obstetric care with the provision of extremity baby massage will provide a sense of comfort so as to reduce fussiness which will minimize the occurrence of complications in infants and babies will sleep better.

5. CONCLUSION

Based on obstetric care that has been carried out on Mrs. FR using COC care, it can be concluded: Pregnancy care is carried out according to the standard antenatal care. Childbirth care from time I to time IV in accordance with 60 steps APN (Normal Labor Care). Postpartum care is carried out 2 times. Neonatal care is carried out 3 times. It is recommended for practice land, students and institutions to get better communication and cooperation so that the application of midwifery care in COC to clients can be of higher quality. A limitation of this study was that it took only cases from one patient studied from the third trimester of pregnancy to newborn, without comparing them with other patients.

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