



Management of Intranatal Care Health Services for Premature Rupture of Membranes at the Happy Minasaua Mother and Child Hospital

Erni Kadir¹, Verawati², Agustini Liviana Dwi Rahmawati³, Nur Ekawati⁴, Syarifah Masita⁵, Nur Hidayah MS⁶

¹ Public Health Study Program, UPRI Makassar, Indonesia

² Communication Science Study Program, UPRI Makassar, Indonesia

³ Nursing Study Program, Politeknik Karya Husada, Indonesia

⁴ Midwifery Study Program, STIKES Amanah Makassar, Indonesia

⁵ Midwifery Study Program, STIKES Amanah Makassar, Indonesia

⁶ Midwifery Study Program, STIKES Amanah Makassar, Indonesia

Abstract

Maternal death due to complications during childbirth or infection after childbirth is a fact of life throughout human history, but improvements in medical services have resulted in significant reductions in maternal mortality in developed countries. Until now, maternal mortality is still one of the priority issues in the field of maternal and child health in Indonesia. Every one hour two mothers in Indonesia die during childbirth due to various causes. The direct causes of maternal death in Indonesia are bleeding, infection and eclampsia. The purpose of this study was to identify and analyze basic data and to evaluate the need for immediate action on premature rupture of membranes at the Happy Minasaua Mother and Child Hospital, Makassar. The research method used was Varney's seven-step method which included identification of basic data, formulating diagnoses, interventions, implementation and evaluation of midwifery care for women in labor with premature rupture of membranes and documentation. Conclude that the goals of midwifery care applied are achieved as expected.

Keywords: Management of Health Services, Intranatal Care, Premature Rupture of Membrane.

Corresponding Author: Erni Kadir

Email: kadirerini@gmail.com





1. Introduction

In Indonesia, the problem of death and morbidity is a big problem. In 2015 the maternal mortality rate (MMR) in Indonesia still ranks highest in ASEAN countries, namely 248 per 100,000 live births and followed by the Philippines 26 per 100,000 live births, Vietnam 18 per 100,000 live births, Thailand 17 per 100,000 live births, Malaysia 5.5 per 100,000 live births, Singapore 3 per 100,000 live births. In 2016, MMR decreased to 226 per 100,000 live births. Until now, maternal mortality is still one of the priority issues in the field of maternal and child health in Indonesia. Every one hour two mothers in Indonesia die during childbirth due to various causes. The direct causes of maternal death in Indonesia, as in other countries, are bleeding, infection and eclampsia.

Immediate obstetric complications are well known and treatable, although their prevention may prove difficult. According to the 2016 SKRT, direct obstetric causes accounted for 90%, mostly bleeding (28%), eclampsia (24%) and infection (11%). Indirect causes of maternal death are health conditions such as chronic energy deficiency (CED) 37%, anemia (Hb <11 g%) 40% and cardiovascular disease.

One of the efforts to reduce the death rate can be done through the health center. Improving the ability of puskesmas in handling emergencies can prevent maternal deaths and morbidity, while efforts to prevent infant mortality are by improving emergency services and improving the health service network.

2. Research Method

The research method is a case study. By using Varney's seven-step method which includes identifying basic data, formulating diagnoses/actual problems, immediate action/collaboration, implementing interventions and evaluating midwifery care for women in labor with premature rupture of membranes and documenting.





3. Results And Discussions

a. Result

1. History of chief complaint

- a. Mother said there was a release of amniotic fluid since 04.00 Wita
- b. The nature of the complaint comes and goes.
- c. The location of the complaint is in the translucent abdomen
- d. The client's efforts to overcome complaints by stroking and massaging his back.

2. Current Labor History

- a. This is the first pregnancy and never miscarried
- b. Mother said she was 8 months pregnant
- c. Mother complains of abdominal pain penetrating to the back
- d. There is a history of discharge of water since 2 days ago without any pain
- e. The nature of the complaint comes and goes and interferes with activities
- f. There was discharge of water from the birth canal of \pm 1 sarong since 04.00 Wita
- g. Mother feels the movement of the fetus is strong on the left
- h. Mother accompanied by her husband.

3. Current/Past Health History

- a. There was no history of heart disease, hypertension and diabetes mellitus
- b. There is no history of dependence on drugs and alcoholic beverages
- c. Mother has never been hospitalized and there is no history of surgery
- d. Mother has no history of hereditary disease.

b. Discussion

In research on midwifery care theoretically starting from data analysis, formulating actual and potential diagnoses/problems, and immediate action/collaboration, planning, implementing and evaluating midwifery care.

1) Step I. Basic Data Identification





It was found that premature rupture of membranes was caused by infection, resulting in a biomechanical process in the amniotic membranes in a proteolytic form making it easier for ruptured membranes based on the assessment of midwifery care in step I identification of basic data writing found no obstacles. This can be seen from the response and attitude of the patient who is open to providing the necessary information because by taking a good approach with the patient we can obtain the necessary data to evaluate the condition in a complete, thorough and focused way, including the mother saying there is discharge of water in the birth canal \pm 1 sarong, thus there is a similarity between theory and case studies on patients.

2) Step II. Identify Diagnostics/Actual Problems

In establishing a midwifery diagnosis or midwifery problem based on a midwifery care approach, it is supported by some data, both subjective data and objective data obtained from the results of the studies that have been carried out. So in the literature review it is said that labor with premature rupture of membranes is caused by an infection resulting in a biomechanical process in the amniotic membranes in the form of proteolytics making it easier for the membranes to rupture, whereas in the case study the patient stated that labor with premature rupture of membranes was due to the diagnosis of GI P0 A0, gestation 35 weeks, elongated site, head presentation, right back, moving in pelvis (BDP), intra-uterine, single, alive, good condition of mother and fetus, active phase of labor in first stage with premature rupture of membranes. Thus, the application of literature review and review of case studies in patients in general appears that there is no similarity in the actual diagnosis that is enforced so that there is no gap between theory and practice.

3) Step III. Identify Diagnostics/Potential Problems

In the literature review it is explained that there are potential problems other than the current diagnosis or problem, namely anticipating and preparing for everything that might happen. The statement above is inconsistent with the





literature review that childbirth with premature rupture of membranes can result in birth canal infections if not handled properly. Based on the data available in the case study on patients, in the practice area a potential problem can be identified, namely the potential for infection in the birth canal, thus the application of a literature review and midwifery care in the case study in the practice area is similar so that there are no discrepancies.

4) Step IV. Implement Immediate Action / Collaboration

There are data that provide an indication of immediate action to save the life of the mother and fetus. Collaboration with health workers who are more professional in accordance with the conditions experienced by patients. Based on the theory, the actions taken to treat labor with premature rupture of membranes are: put in an infusion of RL + 0.5 oxytocin, starting at 8 drops per minute and increasing by 4 drops every 30 minutes, if caesarean section fails. Whereas in the case study, immediate action was taken on patients in practice areas, namely infusion of Ringer's lactate fluid 500 ml 2.8 drops/minute and administration of cefotaxime IV. This shows that there is no gap between theory and practice. In the case study practice, the patient did not terminate the pregnancy, because labor with premature rupture of membranes could be resolved. Collaboration with doctors in the management of infusion of 500 ml of Ringer's lactate fluid and administration of cefotaxime 1 gram/12 hours. This shows that there is no gap between theory and practice.

5) Step V Midwifery Care Plan

In the midwifery care literature review, planning is the process of preparing an action plan based on identifying problems found and anticipating diagnoses and potential problems that may occur. Action planning must be based on the problem that has been determined. In the literature review, it was explained that the plan for Care for Childbirth with Premature Rupture of Membrane was to convey the results of the examination, monitor the progress of labor and uterine contractions, observe TTV and DJJ, monitor fluid drips, administer antibiotics, bomb for





relaxation, suggest choosing a comfortable position and observing the bladder. , Give support, Intake members, inform the monitoring results on the partograph. In the case of planning a birth with premature rupture of membranes, it will be carried out by monitoring DJJ and uterine contractions, maternal support, intake. Based on a review of the literature with case studies on patients, there are similarities with the implementation carried out in practice.

6) Step VI. Implementation of Midwifery Care

In the review of midwifery care, implementation refers to the plan of care that has been determined and collaboration between other health workers with the approval of the patient. At the implementation stage, the authors carry out according to the care plan. On October 18, 2018 the implementation of midwifery care for patients was going well because it was supported by cooperative clients in receiving midwifery care. The care was carried out on October 18 2018, namely conveying the results of the examination that the opening was complete and the condition of the mother and fetus was good. Observing vital signs: BP (110/70 mmHg), Pulse (88 x/minute), Temperature (36.5 °C), Breathing (20 x/minute), His (4x10 mduration 40-45 seconds), Observing the RL infusion with 28 drops, Administering the antibiotic cepotaxime 1 gm/12 hours, Advising choosing a comfortable position and emptying the bladder (tilt left and empty bladder), Provide support and motivation (Mother is excited and wants her baby to be born soon).

7) Step VII. Midwifery Care Evaluation

Evaluation is the final step of the Midwifery Care management process, namely the assessment of the success of the care provided to clients based on the goals and criteria previously set. In the literature review, the evaluation carried out by the author did not find any problems or gaps because all the problems in the patient could be resolved properly. Results, evaluation after treatment in cases of premature rupture of membranes, namely that labor can run smoothly, the child was born on October 18 2018 at 11.00 wita, spontaneous with CPB, crying





immediately, male sex, BB 2700 gram, PB 50 cm, Afgarscore 8/10. Thus in the literature review and case studies in patients the problem can be resolved properly and it can be concluded that the goals of midwifery care applied are achieved as expected.

4. Conclusion

- a. From the results of the study in the patient, the diagnosis was confirmed as GI Po A0, 38 weeks gestation, elongated site, head presentation, right back moving in stage (BDP), intra-uterine, single, alive, good condition of mother and fetus, latent stage of labor in I phase with premature rupture of membranes.
- b. Collaborative action was carried out with doctors to infuse Ringer's lactate fluid 500 ml with 28 drops/minute so that the first stage of labor continued normally, the continuation of premature rupture of membranes went normally without any complications, the mother gave birth vaginally, the baby was born spontaneously, cried immediately, and did not fetal distress occurs.
- c. Based on the results of the assessment of the results of the diagnosis of actual problems and potential problems, Care for Childbirth with premature rupture of membranes is planned, namely conveying the results of the examination, monitoring the progress of labor and uterine contractions, observing TTV and DJJ, monitoring fluid drips, guiding for relaxation techniques, recommend choosing a comfortable position and empty the bladder, provide support, provide intake, inform the monitoring results of the first stage and document the monitoring results on the partograph. In the case of planning a birth with premature rupture of membranes, it will be carried out by monitoring DJJ and uterine contractions, maternal support, intake and implementation actions carried out according to the midwifery care plan carried out.





5. Compliance with ethical standards

Acknowledgements

The author would like to thank profusely to all those who have helped in this research. Especially the leadership of the Minasaupa Mother and Child Hospital who provided the facilities. Higher education leaders in providing motivation in implementing the Tridarma of Higher Education.

Disclosure of conflict of interest

This research collaboration is a positive thing for all researchers so that conflicts, problems and others are absolutely no problem for all writers.

Statement of informed consent

Every action we take as authors is a mutual agreement or consent.

References

1. Agustina, W. (2018). Management of Pathological Intranatal Midwifery Care for Mrs "M" with Premature Rupture of Membrane (KPD) at Syekh Yusuf Gowa Hospital on July 18 2018. Doctoral Dissertation, Alauddin State Islamic University Makassar.
2. Anjarsari. (2018). Nursing care for Mrs. B and Mrs. E Post Sectio Caesarea Patient Indications of Severe Preeclampsia with Nursing Problems Barriers to Physical Mobility at RSUD dr. Haryoto Lumajang. Faculty of Nursing: University of Jember.
3. Arif, A., & Kurnia, E. (2021). Relationship between fetal position and premature rupture of membranes in women giving birth. *Journal Of Health Sciences*. Aspiani, & Reny, Y. (2017). *Textbook of Maternity Nursing Care Applications of NANDA, NIC and NOC*. Jakarta: Trans Info Media.
4. Aulia. (2018). Relationship between Knowledge and Behavior of Young Women in Consuming Iron (Fe) Tablets During Menstruation. *The Malahayati Midwifery Journal*.
5. Azisyah, A., Wahyuni, S., & Distinarista, H. (2021). Relationship between Premature Ruptured Membranes (PROM) and Anxiety Levels in Pregnant Women at the Sultan





- Agung Islamic Hospital in Semarang. Proceedings of the Unissula Student Scientific Constellation (KIMU) Health Cluster.
6. Coal, A., & Fauziah, N. (2020). Factors Influencing the Incidence of Neonatal Asphyxia at Sakinah Hospital Lhokseumawe. *Journal Of Healthcare Technology And Medicine*.
 7. Negara, K., Mulyana, R., & Pangkalha, E. (2017). Textbook of premature rupture of membranes. Bali: Udayana University. Ngole, K. (2019). Nursing Care, Comprehensive Anemia in Mr. A.S In the Komodo Room of the Hospital W.Z Johanes Kupang. Doctoral Dissertation, Poltekkes Kemenkes Kupang.
 8. Masdarwati, M., Kadir, E., Serli, S., Ruben, S. D., Pannyiwi, R., & Rante, A. (2023). Counseling on Complementary Foods for ASI with the Nutritional Status of Toddlers. *Social Friends: Journal of Community Service*, 1(2), 40–42. <https://doi.org/10.59585/sosisabdimas.v1i2.28>
 9. Nursalam. (2013). *Nursing Science Research Methodology Practical Approach*. New York: Salemba Medika.
 10. Purbanova, R., Asmi, AS, Wahyuni, R., Putri, L. E., & Pannyiwi, R. (2023). Examination of internal BSE and SADASI Bhayangkari Makassar Port Police. *Social Friends: Journal of Community Service*, 1(3), 116–121. <https://doi.org/10.59585/sosisabdimas.v1i3.74>
 11. Qamarya, N., Nawangwulan, K., & Pannyiwi, R. (2023). Family Planning Counseling for Reproductive Age Couples in Biraeng and Bonto Kio Villages. *Social Friends: Journal of Community Service*, 1(3), 122–127. <https://doi.org/10.59585/sosisabdimas.v1i3.75>
 12. Santi, S., Yufuai, A. R., Masding, M., Hanifah, A. N., Yunus, M., Nari, J., & Pannyiwi, R. (2023). The Role of Midwives in Motivating Mothers to Initiate Early Breastfeeding at Pertiwi Mother and Child Hospital in Makassar City. *International Journal of Health Sciences*, 1(3), 203–216. <https://doi.org/10.59585/ijhs.v1i3.88>

