

Antenatal Midwifery Care for Mrs. "A" 43 Weeks 3 Days Gestation with Serotinous Pregnancy at the Maternity Clinic Helfylianta Besitang in 2019

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ABSTRACT

Gestational age is considered normal if delivery occurs within 37 weeks to 42 weeks of gestation, exceeding this age limit is considered a post-term pregnancy. At a certain level, it can have a negative impact on both the mother and the baby being born, but it can also be fatal. Statistical data shows that the maternal mortality rate in term pregnancies is only 1-2%, while those in late pregnancy reach 5-7%. Objective: To carry out midwifery care for Mrs. A at 43 weeks and 3 days of gestation with serotinus using a 7-step Varney midwifery management approach. The method used is descriptive observation, the location of the case study is at the Maternity Clinic Helfylianta Besitang, the subject of the case study is Mrs. A. Pregnant women with serotinous pregnancy. The time of the case study was on December 3 - 5 2019 and data collection techniques through interviews, on the acceptor Observation physical examination, documentation study, literature study. After 3 days of midwifery care, starting from 3 - 5 December 2014 Mrs. A 21 years old with serotinous pregnancy at the Helfylianta Maternity Clinic, the results of the care obtained were serotinus with a gestation of 43 weeks 3 days with no signs of labor. collaboration with Dr. Obgyn recommending induction of labor. From the results of the case study, it was found that pregnant women with serotinus after 3 days of treatment and the mother still had no signs of labor after collaboration with Dr. Obgyn were recommended induction and delivery at the hospital, the mother was referred.

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1. Introduction

Maternal mortality is one of the health problems that continues to be a concern for the world community. Entering the twenty-first century, 189 countries called for the Millennium Declaration and agreed on the Millennium Development Goals. One of the Millennium Development Goals (MDG) 2015 is the improvement of maternal health. Maternal mortality is used as a measure of success in achieving these goals. Thus, access and quality of service; fighting poverty; education and women's empowerment or gender balance are important issues to be managed and realized. The Millennium Declaration places maternal mortality as a top priority that must be addressed through systematic efforts and concrete actions to minimize the risk of death, From WHO data in 2000, it was estimated that there were 529,000 maternal deaths every year. This data is the most up-to-date information related to maternal mortality (Neil, 2008).

The maternal mortality rate in Indonesia is at the top in ASEAN, namely 307/100,000 live births in 2009 when compared to other ASEAN countries such as Singapore, the maternal mortality rate (MMR) is recorded at 95/100,000 live births, Malaysia is 30/100,000 live births. also with the infant mortality rate (IMR) in Indonesia which is 35/1,000 live births with factors causing asphyxia,

low birth weight, etc. (Hamilton, 2010).

Gestational age is considered normal if delivery occurs within 37 weeks to 42 weeks of gestation, exceeding this age limit is considered a post-term pregnancy. At a certain level, it can have a negative impact on both the mother and the baby being born, but it can also be fatal. Statistical data shows the maternal mortality rate in term pregnancies is only 1-2%, while those in late pregnancy reach 5-7% (Manuaba, 2010)

Late pregnancy can occur for several reasons including menstrual cycle disorders, number of previous pregnancies or deliveries and age also affect the occurrence of late pregnancy, even race is also an influential factor. (Manuaba, 2010). In Indonesia in 2008 recorded 98 people (0.30%) died from 31,855 pregnant women who experienced a post-term pregnancy. (Saifuddin, 2008)

Secondary data obtained from the Health Office of North Sumatra province, MMR in 2011 was 114/100,000 live births with the cause of bleeding 59 people (51.75%), preeclampsia/eclampsia 35 people (30.70%), infection 8 people (7, 01%) and others 12 people (10.52%). Other causes related to pregnancy, childbirth and the puerperium such as complications of abortion, prolonged parturition and serotinous pregnancy (Profil Dinas Sumatera Utara, 2009)

Based on this, the author is interested in discussing further and explaining in a scientific paper with the title Management of Antenatal Midwifery Care for Mrs. "A" 43 weeks 3 days of gestation with Serotinus pregnancy at the Helfylianta Besitang Maternity Clinic on 03 and 05 December 2019.

2. Method

2.1 Case Study Type

This case study is to examine the problem through a case consisting of a single unit. This type of case study is a case study report with a descriptive method, which is a research method carried out with the main aim of making an objective picture of a situation. Descriptive research methods are used to solve or answer the problems being faced in the current situation (Notoatmodjo, 2005). This case study was conducted on Mrs. AGI, PI, A0, with Serotinus at the Helfylianta Maternity Clinic, Besitang.

2.2 Case Study Locations

The location is the place where the return of the case is carried out (Notoatmodjo, 2005). This case study was conducted by the Helfylianta Besitang Maternity Clinic.

2.3 Case study subject

The subject of the case study is a patient who meets inclusion and is willing to follow the protocol of care provided (Budiarto, 2004).

2.4 Case Study Time.

Case study time is the time the author uses to carry out the case report (Notoatmojo, 2005). The implementation of midwifery care was carried out on December 3, 2014 – December 5, 2019.

3. Results and Discussion

3.1 Mother/Husband Identity

Name	Mrs. A	Name	Mr. T
age	21 years	age	35 years old
Ethnic group	Java	Ethnic group	Java
Nationality	Indonesia	Nationality	Indonesia
Religion	Islam	Religion	Islam
Education	SENIORS HIGH SCHOOL	Education	SENIORS HIGH SCHOOL
Work	IRT	Work	Self-employed
Home address	Besitang	Home address	Besitang

3.2 History (Subjective Data)

On : 3 – 12 – 2019 Time : 10.00 WIB

a. Reason for This Visit : First Routine There's a Complaint

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b. Menstrual History:

First Menstruation : 13 years old Regular
 Cycle : 28 days Length: 6 days
 Amount : 3 x change dock Blood properties: watery
 Dysmenorrhea : £ There There isn't any

c. Past Pregnancy, Childbirth and Postpartum History

No	date Born	Gesta- tional Age	Type Labor	The place Labor	Complica- tions	Helper	Baby	postpartum	
	Age				Mot her	Baby	PB/BBTyp e	state an	State Lactasia
1	Preg- nant								

d. History of this pregnancy

- 1) First Day of Last Menstruation: 3 - 2 - 2019
- 2) Estimated Delivery Date: 10 - 11 - 2019
- 3) Complaints in the first trimester: Nausea, dizziness
second trimester: None
third trimester: None
Child's first movement: 16 weeks
- 4) If the movement is felt, the movement of the child in the last 24 hours: Day
<10 x 10 x- 20 x >20 x
- 5) If more than 20 times in 24 hours, with frequency:
< 15' £ > 15'
- 6) Complaints felt (if any, please explain):
Fatigue : Yes (occasionally)
Prolonged nausea and vomiting : None
Abdominal pain : None
Hot, shivering : None
Headache : None
Blurred vision : None
Pain/heat during urination : None
Itching of the vulva, vagina and surroundings: None
Vaginal discharge : None
Pain, Redness, tension in the legs: None
Edema : None
- 7) Dietary habit :
Before Pregnancy : - Frequency 3 times a day Regular portion
After pregnancy : - Frequency 4 times a day - Regular portion
Changes in eating experienced include cravings, appetite, and others:
After pregnancy: Appetite increases
Before pregnancy: Normal appetite
 - a) Elimination pattern:
CHAPTER: - Before pregnancy: 1 time a day
- After pregnancy: 2 times a day
BAK : - Before pregnancy: 5 times a day
- After pregnancy: 6 times a day
 - b) Daily activities
Rest and sleep patterns: Night ± 7 hours, 22.00 - 05.00 WIB
Afternoon ± 1 hour, 13.00 - 14.00 WIB
Complaint£ Yes R None
Work: Can be done alone
 - c) Sexuality: As needed
Frequency: 3 x a week
Complaint: None
 - d) Immunization TT 1 date : 12 - 9 - 2019 TT 2: 12 -10 -2019

- e) Contraceptives ever used: None
- e. History of systemic disease that has been suffered:
- Heart : None
 - Kidney : None
 - Asthma/pulmonary tuberculosis: none
 - Hepatitis : None
 - DM : None
 - Hypertension : None
 - Epilepsy : None
 - Others : None
- f. Family history of illness:
- Heart : None
 - Hypertension : None
 - DM : None
- g. Social History:
- Marriage : Shah
 - Married I : 2009
 - Duration : 5 years, child: person
 - Marriage II : None
 - This pregnancy: Planned Unplanned
 - R Accepted Not accepted

Feelings about this pregnancy: Happy

3.3 Physical Examination (Objective Data)

- a. Emotional Status : Stable
- b. Vital signs:
- Blood pressure : 120/70 mmHg
 - Pulse : 85 x/minute
 - Breathing : 24 x/minute
 - Temperature : 36.5 o C
 - Weight : 65 kg
 - Weight before pregnancy : 48 kg
 - TB : 157 cm
 - Lila : 26 cm
- Head:
- Hair loss : £ AdaR None
- c. Face : Cloasma gravidarum £ Yes No
- d. Eye : Edema : There is There isn't any
- Conjunctiva : R Pale£ Red
 - Sclera Eye: £ Jaundice R No Jaundice
- e. Nose: No polyps, no abnormalities
- f. Mouth: No caries, no abnormalities
- g. Ears: No cerumen, no abnormalities
- h. Neck: Enlarged Lymph Nodes £ Yes R No
- Enlargement of the thyroid gland £ Yes R No
 - 10. Axilla: Enlarged lymph nodes £ Yes R No
 - Complaint : None
- i. Chest
- Symmetrical: There is There isn't any
 - Mammae :
 - Symmetrical magnification : R Yes £No
 - Bumps: There is There isn't any
 - Striae : Lipida
 - Areola : Hyperpigmentation
 - Nipples : Protruding
- j. Abdomen
- Enlargement : According to gestational age
 - Striae : Livida
 - Shape : Symmetrical

<p>has never had a miscarriage.</p> <ul style="list-style-type: none"> - HPHT February 1, 2019 - TTP on 8-11-2019 - Feels very hard and extends on the right side of the mother's stomach and the child's movements are strong 	<p>dition of the fetus</p> <p>3. Give HE abdomen uterine rest</p>	<p>minute.</p> <p>3. Adequate rest can reduce the workload of the heart, improve blood flow and increase oxygenation to the uterus so that hypoxia does not occur in the fetus.</p>	<p>mother, about adequate rest, sleep at least 1 hour during the day and at least 7 - 8 hours at night</p>	<p>b. Fetal state</p> <ul style="list-style-type: none"> - FHR : 145 times/minute - Fetal movement: 10 times/hour
<p>Mother said there were no complaints during her pregnancy</p> <p>Objective</p> <ul style="list-style-type: none"> - It looks like striae livide and the abdominal muscle tone is a bit tense - Pregnancy 43 weeks 3 days - HTP 10-11 2014 - TFU 3 fingers lower prosexus (34 cm) - On palpation Leopold II palpable right back - On palpation 	<p>4. Give KIE about Nutrition pattern</p> <p>5. Explain the danger signs of pregnancy</p> <p>6. Explain</p>	<p>4. The nutritional needs of pregnant women are more than usual because they are used for growth and development and preparation for lactation.</p> <p>5. By explaining the danger signs of pregnancy, mothers will understand so that if they experience it immediately seek help from health workers.</p> <p>6. By explaining the signs of labor so that the mother immediately goes to a health worker if she experiences these signs</p>	<p>4 Explain to the mother about the nutritional needs that are necessary for fetal growth and development such as protein, carbohydrates</p> <p>5 Explain about the danger signs of pregnancy, namely:</p> <ul style="list-style-type: none"> - Bleeding from the birth canal, Severe abdominal pain, Impaired vision - Persistent headache, Edema of the face, hands <p>6 Explaining the signs of labor that mothers need to know, namely abdominal pain penetrating to the back, mucus and blood or amniotic fluid coming out.</p>	<p>2. Anxiety resolved is characterized by:</p> <ul style="list-style-type: none"> a. Mom doesn't wonder anymore b. Mother understands the things that are recommended 3. The potential for fetal distress is characterized by: 4. Maternal pregnancy 43 weeks 3 days 5. Mother is still being observed for 3 days

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the head is palpable at the lowest point.		the signs of labor	
- Divergent			
- Leopold IV (divergent)			
- On palpation, the largest part is palpable, namely the head			
- FHR145 beats/minute heard on the right			
Vital sign	7. Give	7. So that the	7. Provide mental
Blood pressure: 120/70 mmHg	men- tal and spir- itual sup- port to the moth- er	mother is more optimistic in dealing with her pregnancy problems and more surren- der to God.	and spiritual support
Pulse: 85 times/minute		8. To find out the results of the development to the mother for the actions that have been given or carried out	8. Advise the mother to return for a pregnancy check on December 4, 2014 to control TTV, DJJ.
Body temperature: 36.5°C	8. Adv- ise moth- er for re- peat vis- its.		
Breathing: 24 times/minute			

3.5 Documentation of Midwifery Care Results for Mrs "A" 43 Weeks 3 Days Gestation With Serotinus Pregnancy At Birth Clinic Helfylianta Besitang On 1 December 2019

No. Reg : 0305218
 Date of Visit : December 3, 2019 at 10.00 WIB
 Study Date : December 3, 2019 at 10.15 WIB
 ANC room. : Helfylianta Besitang Maternity Clinic
 Identification of mother/husband
 Name of mother/husband : Mrs "A" / Mr "I"
 Age : 21 years/35 years
 Marriage : 1 time for ± 5 years
 Tribe : Javanese/Javanese
 Religion : Islam/Islam
 Education : SMA/SMA
 Occupation : IRT/Entrepreneur
 Address : Besitang

Subjective :

- a. HPHT dated February 1, 2019, until now, I have never had my period again.
- b. Pregnant mother for the first time and already 43 weeks 3 days
- c. Mothers feel the movement of the fetus at the age of 5 months of pregnancy.
- d. The fetus moves vigorously > 10 times per day.

- e. Mother has received TT injections 2 times during her pregnancy.
- f. Mother has never experienced heart disease, hypertension, DM, lungs, sexually transmitted diseases, skin diseases and allergies.
- g. There is no history of surgery and blood transfusion.

Objective :

1. General condition and vital signs:
 - a. Blood pressure: 120/70mmHg\
 - b. Pulse: 85 times/minute
 - c. Body temperature: 36.5°C
 - d. Breathing: 24 times/minute
2. Facial expressions look anxious, stable emotions, good communication.
3. Mother's weight
 - a. body weight before pregnancy: 48 Kg
 - b. Current weight: 65 Kg
 - c. Height: 157 cm
 - d. Lila : 26 cm
4. No edema on the face
5. Pink visit
6. Pink gums, complete teeth, no caries
7. There is no visible enlargement of the adenoids and jugular veins
8. Symmetrical left/right breast, nipples are formed, colostrum (+) discharge, no mass is palpable and there is hyperpigmentation in the mammary areola.
9. There were striae livide and linea nigra on the abdomen, the abdominal muscle tone was tense, there were no surgical scars.
10. Abdominal examination (palpation) according to Leopold:
 - a. Leopold I : 3 jbps (34 cm)
 - b. Leopold II : Pu-ka
 - c. Leopold III : Head Percentage
 - d. Leopold IV : Divergent
 - e. FHR auscultation: 145 times/minute
 - f. Abdomen: 34 cm
 - g. TBJ : 3410 grams
11. No varicose veins in both legs
12. Patellar reflex (+/+) left/right
13. Ladder laboratory examination December 3, 2019
 - a. Hb : 11.2 gram%
 - b. Albumins : (-)
 - c. Reduction : (-)

Assessment

GI, P0, A0, 43 weeks 3 days gestation, head, head percentage, divergent, alive, good fetal condition, mother with serotinous pregnancy problems, potential fetal distress.

Planning :

December 3, 2019, 10.15—11.00 WIB

1. Convey the results of the examination to the mother that the mother has a serotinous pregnancy and the fetus is in good condition and the mother understands the pregnancy
2. Monitor the condition of the fetus
The fetus is in good condition with FHR 145 beats/minute.
3. Advise the mother to rest/sleep at least 1 hour at intervals and at least 7-8 hours at night\
4. Encourage mothers to consume foods that contain lots of protein 76 grams/day, calcium 750 mg/day and vitamins such as eggs, fish, tempeh, tofu, green vegetables and fruit
5. Explaining the danger signs of pregnancy
 - 1) Bleeding from the birth canal
 - 2) Severe stomach pain
 - 3) Visual impairment
 - 4) Fetal movement is reduced
 - 5) Persistent headache
 - 6) Edema of the face and hands

6. Explain the signs of labor that mothers need to know, namely abdominal pain penetrating to the back, mucus and blood or amniotic fluid coming out.
7. Provide mental and spiritual support to the mother so that she is optimistic about her pregnancy problems and is more dependent on God.
8. Advise the mother to return for a pregnancy check on December 3, 2019 if she has not given birth to control TTV and FHR. Mother is willing to come according to the schedule given. Evaluation

December 3, 2019 Hours: 10.55 Wib

- a. Mother understands and understands that the mother is experiencing a post-month pregnancy
- b. Mother is willing to get enough rest.
- c. Mothers are willing to eat nutritious food
- d. The mother understands the danger signs of pregnancy and will go to a health worker if she experiences any of them.
- e. Mother Willing to re-check on December 4, 2019

3.2 Discussion

In this discussion, we will describe the gap between the literature review and case review in the implementation of the midwifery management process for Mrs. "A" with serotinous pregnancy at the Herfylianta Besitang Maternity Clinic, December 3, 2019 – December 5, 2019. To facilitate the discussion, the author will describe as follows :

Step I: Identification of Basic Data, At the stage of identifying basic data, the author did not find any significant obstacles because when collecting data, the client provided information clearly and openly making it easier for the author to obtain data that was in accordance with the problems raised. The data taken by the author focuses on the problems experienced by Mrs. "A". The signs and symptoms of serotinus in the literature review are pregnancy has not ended after 42 weeks, fetal movement decreases and sometimes stops, weight loss. Meanwhile, in the case study, Mrs. "A" received HPHT on February 1, 2014, HTP on November 8, 2014, as well as laboratory tests with Hb 11.2 grams, BW 57 kg. From the results of the data obtained, there is no gap between the literature review and case studies.

Step II: Identification of the Diagnosis/Actual Problem, In the explanation of the literature review and review of midwifery care there is no gap in the diagnosis of the actual problem that can be identified in Mrs. "A" with serotinus, namely: GI, PO, AO, 43 weeks 3 days of pregnancy, the percentage of head , divergent, right back, alive, good fetal condition, mother with anxiety problems.

Step III: Anticipate Possible Potential Problems, In midwifery management, identify potential problems that may occur or be experienced by the client based on data collection and observation, if there are abnormal conditions and do not get immediate treatment it can have a dangerous impact that threatens the life of Mrs. "A", from the literature review, cases of serotinus that are not treated immediately will continue with the occurrence of fetal distress. Based on the data obtained from the assessment, there were no differences in potential problems between the literature review and those found in the case studies, where untreated serotinus progressed to fetal distress.

Step IV: Implement Immediate Action and Collaboration In the Midwifery Management Review, actions that must be taken immediately by the midwife according to her authority to identify the possibility of fetal distress. Midwives can consult or collaborate with other skilled health workers, according to Mrs. "A". In a literature review, immediate action on serotinus is to consult a doctor who is more skilled for ultrasound to monitor the condition of the fetus. The explanation in the Literature Review and Case Study on Mrs. "A" shows that there are similarities between the literature review and the case study.

Step V: Midwifery Care Action Plan In the concept of midwifery management, according to Varney Helen, the action plan must be approved by the client, therefore it must be discussed with the client beforehand. All actions taken must be based on relevant rationales that are recognized as true and the situation and conditions of action must be analyzed on a tourist basis (Neil, 2010). In the case of Mrs. "A" the author plans midwifery care actions based on actual and potential diagnoses/problems as follows:

Action plan Submission of examination results that the mother has a serotinous pregnancy and the fetus is in good condition. Monitor the condition of the fetus, Give HE to the mother Adequate rest Consume foods that contain protein, calcium and vitamins Explain the danger signs of

pregnancy Teach the mother to count fetal movements Explain the signs of labor that mothers need to know, namely abdominal pain penetrating backwards, mucus discharge and blood or amniotic fluid. Discuss with the mother about preparations for labor and the birth of her baby. Provide mental and spiritual support to the mother. Instruct the mother to return for a pregnancy check.

In the Literature Review and Midwifery Care of Mrs. "A" based on the interventions carried out, there was no discrepancy between what was in theory and what was in practice, such as: Ultrasound examination was carried out, Fetal condition assessment. Counseling patients and families about the danger signs of pregnancy. Step VI: Implementation of Midwifery Care Actions In the stage of midwifery care for Mrs. "A" in the implementation of her actions based on a predetermined plan. The author did not find any significant problems, it was because the actions were carried out in accordance with the plans that had been prepared in addition to the good cooperation with other health workers, this shows the similarities between theory and case studies. Mrs "A".

Step VII: Evaluation of Midwifery Care Outcomes, In the review of midwifery care management the midwifery evaluation process. This evaluation is carried out at every step of midwifery care. At the evaluation stage, the midwife must know the extent of the success of midwifery given to Mrs. "A". In the literature review the evaluation that needs to be done is to monitor the condition and monitor the welfare of the fetus and regular pregnancy checkups, while those obtained in the practice field in the case study are compared With a review of the literature in general, it appears that there are similarities so that the author can easily overcome problems that may arise.

4. Conclusion

From the data obtained from the anamneses on Ny. "A" seen from HPHT on 3 - 2- 2019 and TTP on 10 - 11 - 2019s indicates that the pregnancy is past the month. Based on subjective data and objective data obtained, the authors establish a diagnosis / actual problem in Mrs. "A" namely GI P0 A0 , 43 weeks gestation, good fetal condition, good mother condition with anxiety problems. Potential data to anticipate the occurrence of fetal distress Collaboration with doctors to find out the next action. Action Plan for Mrs. "A" namely: monitoring the condition of the fetus, giving HE (Health education) to the mother about: adequate rest, nutrition, danger signs, fetus, signs of labor, preparation for birth and delivery, providing mental and spiritual support . From the results obtained above, it can be concluded that the pregnancy is still ongoing and there are no signs of labor. And collaboration with doctors, refer for induction. Documentation is very important carried out at every stage and process of midwifery care, because this is evidence of the midwife's responsibility for midwifery care that has been given to clients.

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