

KARYA ILMIAH AKHIR NERS

STUDI KASUS ASUHAN KEPERAWATAN RISIKO CEDERA PADA JANIN (*FETAL DISTRESS*) PADA IBU HAMIL DENGAN KETUBAN PECAH DINI DI IGD RSIA KENDANGSARI MERR SURABAYA

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ABSTRAK

Ketuban pecah dini adalah keadaan pecahnya selaput ketuban sebelum persalinan. Terjadinya ketuban pecah dini dapat mengakibatkan terjadinya oligohidramnion, volume air yang sedikit menyebabkan tali pusat tertekan oleh bagian tubuh janin akibatnya aliran darah dari ibu ke janin berkurang yang menyebabkan hipoksia sehingga terjadi *fetal distress*. Gawat janin (*fetal distress*) ialah janin mengalami hipoksia yang ditandai dengan denyut jantung janin < 120 atau > 160 x/ menit, dan mengalami *mekoneum* dalam ketuban. Penelitian ini menggunakan studi kasus dengan pendekatan asuhan keperawatan yang meliputi pengkajian, diagnosa keperawatan, intervensi, implementasi, evaluasi. Intervensi yang diberikan sesuai dengan standar keperawatan SDKI, SLKI, SIKI. Hasil penelitian didapatkan janin tidak mengalami cedera (*fetal distress*) dibuktikan dengan denyut jantung janin normal $120 - 160$ x/ menit selama proses persalinan kala I dan II dan bayi lahir tidak mengalami asfiksia. Evaluasi akhir didapatkan masalah teratasi, janin tidak mengalami *fetal distress*. Pada klien 1 melahirkan normal setelah diberikan oksitosin drip dan pada klien 2 melahirkan *sectio caesarea* setelah mengalami kala II panjang saat diberikan oksitosin drip, pada klien 1 dan 2 melahirkan bayi sehat dengan *apghar score* 9. Diharapkan bagi perawat dapat lebih sering memantau kondisi klien serta kesejahteraan janin agar mencegah terjadinya cedera (*fetal distress*) yang dapat berlanjut menjadi asfiksia.

Kata kunci: Risiko cedera pada janin, ibu hamil, ketuban pecah dini, gawat janin

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NURSING CARE CASE STUDY RISK OF FETAL INJURY (FETAL DISTRESS) IN PREGNANT WOMEN WITH PREMATURE RUPTURE OF MEMBRANES (PROM) AT THE EMERGENCY DEPARTMENT RSIA KENDANGSARI MERR SURABAYA

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ABSTRACT

Premature rupture of membranes is a state of rupture of the membranes before delivery. Premature rupture of the membranes can result in oligohydramnion, a small volume of water causing the umbilical cord to be compressed by the fetal body, resulting in reduced blood flow from the mother to the fetus which causes hypoxia, resulting in fetal distress. Fetal distress is a fetus experiencing hypoxia which is characterized by a fetal heart rate < 120 or > 160 x/min, and experiencing meconium in the amniotic sac. This study uses a case study with a nursing care approach that includes assessment, nursing diagnosis, intervention, implementation, evaluation. The interventions provided were in accordance with the nursing standards of the SDKI, SLKI, SIKI. The results showed that the fetus was not injured (fetal distress) as evidenced by the normal fetal heart rate of 120-160 x/ minute during the first and second stage of labor and the baby was born without asphyxia. The final evaluation found the problem was resolved, the fetus did not experience fetal distress. On client 1 gave birth normally after being given oxytocin drip and on client 2 gave birth to sectio caesarea after experiencing a long second stage when given oxytocin drip, on client 1 and 2 gave birth to healthy babies with Apghar score 9. It is hoped that nurses can more often monitor the client's condition and welfare fetus in order to prevent injury (fetal distress) which can progress to asphyxia.

Keywords: Risk of injury to the fetal, pregnant mother, premature rupture of membranes, fetal distress.