

ABSTRAK

LAPORAN KASUS PADA PERSALINAN DENGAN ATONIA UTERI DI PUSKESMAS KRIAN SIDOARJO

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Pendahuluan: Penyebab utama kematian ibu di Indonesia adalah atonia uteri (50%), robekan pada jalan lahir (23%), sisa plasenta (16%), retensio plasenta (7%), dan kelainan darah (4%). Atonia uteri terjadi ketika serabut otot miometrium uterus tidak mampu berkontraksi dan memendek dengan baik.

Tujuan: Mendeskripsikan studi kasus asuhan kebidanan pada ibu bersalin dengan Atonia Uteri. **Metode:** Pendekatan laporan kasus manajemen asuhan kebidanan yang terdiri dari 7 langkah varney, akan tetapi hanya mengambil 2 langkah yaitu pengkajian dan implementasi. **Hasil dan pembahasan:** Dari hasil studi kasus yang dilakukan didapatkan 2 pasien ibu bersalin dengan atonia uteri. Pada pasien pertama diketahui bahwa penyebab pasien pertama mengalami atonia uteri karena faktor risiko anemia. Sedangkan pasien kedua diketahui mengalami atonia uteri karena faktor risiko anemia dan partus presipitatus. Kedua pasien tersebut diberikan implementasi yang berbeda. Pada pasien pertama diberikan infus RL dengan di drip oksitosin 2 ampul disertai dengan injeksi metergin sebanyak 1 ampul, sedangkan pasien kedua diberikan misoprostol sebanyak 3 tablet/rektal.

Simpulan: Dalam penanganan atonia uteri telah sesuai dengan kondisi pasien yaitu pada pasien pertama, kadar hemoglobin ibu bersalin adalah 10,9 mg/dL, sedangkan pada pasien kedua adalah 11 mg/dL dengan persalinan cepat (partus presipitatus). Implementasi yang dilakukan berbeda antara kedua pasien. Pasien pertama diberikan infus RL yang telah didrip dengan oksitosin sebanyak 2 ampul dan injeksi ergometrin 1 ampul. Pasien kedua diberikan misoprostol 3 tablet per rektal.

Kata Kunci: Atonia Uteri, Persalinan

ABSTRACT

CASE REPORT ON DELIVERY WITH UTERINE ATONIA AT KRIAN SIDOARJO HEALTH CENTER

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Introduction: *The main causes of maternal death in Indonesia are uterine atony (50%), tears in the birth canal (23%), retained placenta (16%), retained placenta (7%), and blood disorders (4%). Uterine atony occurs when the uterine myometrial muscle fibers are unable to contract and shorten properly. **Objective:** To describe a case study of midwifery care for women giving birth with uterine atony. **Method:** Midwifery care management case report approach which consists of 7 Varney steps, but only takes 2 steps, namely assessment and implementation. **Results and discussion:** From the results of the case study, it was found that 2 women gave birth with uterine atony. In the first patient it was discovered that the cause of the first patient experiencing uterine atony was due to the risk factor of anemia. Meanwhile, the second patient was known to have uterine atony due to risk factors for anemia and precipitous parturition. The two patients were given different implementations. The first patient was given an RL infusion with 2 ampoules of oxytocin drip accompanied by an injection of 1 ampoule of metergin, while the second patient was given 3 tablets of misoprostol/rectally. **Conclusion:** The treatment of uterine atony was appropriate to the patient's condition, namely in the first patient, the maternal hemoglobin level was 10.9 mg/dL, while in the second patient it was 11 mg/dL with rapid labor (partus precipitatus). The interventions carried out were different between the two patients. The first patient was given an RL infusion that had been dripped with 2 ampoules of oxytocin and 1 ampoule of ergometrine injection. The second patient was given misoprostol 3 tablets rectally.*

Keywords: *Uterine Atonia, Labour*