

LAMPIRAN

Lampiran 1

LEMBAR PERMOHONAN MENJADI SUBJEK LAPORAN KASUS

Singaraja, 18 September 2026

Kepada :

Yth. Ibu 'EY' di Tempat

Dengan Hormat

Saya Ni Wayan Rusminiati, selaku mahasiswa Program Studi Profesi Bidan Politeknik Kesehatan Denpasar Jurusan Kebidanan akan membuat laporan kasus dengan judul "Asuhan Kebidanan Pada Ibu "EY" Umur 26 Tahun Primigravida dari Umur Kehamilan 15 Minggu 3 Hari sampai dengan 42 Hari Masa Nifas". Berdasarkan tujuan tersebut, saya memohon kesediaan ibu untuk menjadi subjek dalam laporan ini. Saya menjamin kerahasiaan dari identitas dan hasil pemeriksaan yang akan dilakukan. Kesediaan ibu sangat saya harapkan untuk kelancaran proses pembuatan laporan ini. Atas Kerjasama dan bantuannya, saya mengucapkan terimakasih.

Penulis



Ni Wayan Rusminiati
NIM. P07124325143

Lampiran 2

Lampiran 2

LEMBAR PERSETUJUAN MENJADI RESPONDEN (INFORMED CONCENT)

Saya yang bertanda tangan di bawah ini :

Nama Ibu : Komang Eri Yuliana Dewi

Umur : 26 Tahun

Nama Suami : I Kadek Suarmaya

Umur : 29 Tahun

Alamat : Bd. Tegal, Desa Mengening, Kubutambahan

No Telepon : 087762798312

Setelah mendapatkan penjelasan dan mengerti sepenuhnya tentang pembinaan kesehatan selama kehamilan, persalinan, masa nifas, neonatus dan bayi sampai 42 hari dari mahasiswa Profesi Bidan Politeknik Kesehatan Denpasar atas nama Ni Wayan Rusminiati, saya telah memahami tujuan dari pembinaan. Maka saya setuju dan bersedia menjadi responden yang dibina berkaitan dengan penulisan Laporan Kasus yang berjudul "Asuhan Kebidanan Pada Ibu 'EY' Umur 26 Tahun Primigravida dari Umur Kehamilan 15 Minggu 3 Hari sampai dengan 42 Hari Masa Nifas".

Demikian surat pernyataan ini dibuat agar dapat digunakan sebagaimana mestinya.

Singaraja, September 2025

Mengetahui

Yang membuat pernyataan

Suami



(I Kadek Suarmaya)

(Komang Eri Yuliana Dewi)

CATATAN PERSALINAN

Tanggal 4-3-2026 Penolong Persalinan Ni Wayan Purmahati
 Tempat persalinan rumah ibu Puskesmas Klinik Swasta Lainnya PNB
 Alamat tempat persalinan Bd. Tangkil. Desa Tamblang

KALA I

Partograf melewati garis waspada
 Lain-lain, Sebutkan _____
 Penatalaksanaan yang dilaksanakan untuk masalah tersebut _____
 Bagaimana hasilnya? _____

KALA II

Lama Kala II: 30 menit Episiotomi tidak ya Indikasi _____
 Pendamping pada saat persalinan: suami keluarga teman dukun tidak ada
 Gawat Janin: miringkan Ibu ke sisi kin minta Ibu menank napas episiotomi
 Distosia Bahu: Manuver Mc Robert Ibu merangkang Lainnya _____
 Penatalaksanaan untuk masalah tersebut: _____
 Bagaimana hasilnya? _____

KALA III

Lama Kala III: 0 menit Jumlah Perdarahan: 150 ml
 a. Pemberian Oksitosin 10 U IM < 2 menit? ya tidak, alasan _____
 Pemberian Oksitosin ulang (2x)? ya tidak, alasan _____
 b. Pemegangan tali pusat terkendali? ya tidak, alasan _____
 c. Masase fundus uteri? ya tidak, alasan _____
 Laserasi perineum derajat _____ Tindakan: mengeluarkan secara manual merujuk
 tindakan lain _____
 Atonia uteri: Kompresi bimanual interna Metil Ergometrin 0.2 mg IM Oksitosin drip
 Lain-lain, sebutkan: _____
 Penatalaksanaan yang dilakukan untuk masalah tersebut: _____
 Bagaimana hasilnya? _____

BAYI BARU LAHIR

Berat Badan: 3500 gram Panjang: 51 cm Jenis Kelamin: ♂ Nilai APGAR: 1 / 1
 Pemberian ASI < 1 jam ya tidak, alasan _____
 Bayi baru lahir pucat/biru/lemas: mengeringkan menghangatkan bebaskan jalan napas
 stimulasi rangsang aktif Lain-lain, sebutkan: _____
 Cacat bawaan, sebutkan: _____
 Lain-lain, sebutkan: _____
 Penatalaksanaan yang dilaksanakan untuk masalah tersebut: _____
 Bagaimana hasilnya? _____

PEMANTAUAN PERSALINAN KALA IV

Jam ke	Pukul	Tekanan Darah	Nadi	Suhu	Tinggi Fundus Uteri	Kontraksi Uterus	Kandung Kemih	Perdarahan
1	11.15 wita	110/90 mmHg	84x/mnt	36.5°C	1 gr b pst	baik	kosong	± 30 cc
	11.30 wita	110/90 mmHg	84x/mnt		1 gr b pst	baik	kosong	± 30 cc
	11.45 wita	110/90 mmHg	80x/mnt		1 gr b pst	baik	kosong	± 30 cc
2	12.00 wita	110/90 mmHg	80x/mnt		1 gr b pst	baik	kosong	± 30 cc
	12.30 wita	110/90 mmHg	80x/mnt	36.7°C	1 gr b pst	baik	kosong	± 30 cc
	13.00 wita	110/90 mmHg	80x/mnt		1 gr b pst	baik	kosong	± 30 cc

Masalah Kala IV: Tidak ada
 Penatalaksanaan yang dilaksanakan untuk masalah tersebut: Tidak ada
 Bagaimana hasilnya? _____

KIE

No	Tanggal	Materi	Pelaksana	Keterangan
1	5-3-2026	• Semua nifas • Breast care • ASI • Perawatan Tali Pusat • KL • Gizi • Imunisasi	Ni Wayan Purmahati	-

Lampiran 5

Dokumentasi asuhan kebidanan dalam kehamilan



Dokumentasi asuhan kebidanan dalam persalinan



Dokumentasi Asuhan Kebidanan Nifas



Dokumentasi Asuhan Kebidanan Pada Bayi



LAMPIRAN 6

Factors Influencing the Choice of Non-Long-Term Contraception Methods in Women of Reproductive Age

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Article Info	ABSTRACT
<p>Keywords: Factors, Non-long-term contraceptive methods, Fertile women</p>	<p>Family planning services are one way to reduce the Maternal Mortality Rate (MMR) by regulating the time, distance, number of pregnancies, so as to minimize the possibility of pregnant women experiencing complications that endanger their lives or the fetus. In Mengening Village, 58.2% use Non-MKJP. The purpose of this study was to determine the factors underlying the choice of Non-MKJP in WUS at the Mengening Village Community Health Center, Kubutambahan II Health Center working area in 2025. This type of research uses a quantitative descriptive approach (cross-sectional). Implementation in April - May 2025. The sample consisted of 118 WUS who visited the Mengening Village Community Health Center. Data collection was done by distributing questionnaires. Data analysis used a frequency distribution. The results of the study showed the identification of factors underlying the use of Non-MKJP contraceptives in WUS, namely age 20-35 years (61.9%), the latest secondary education (89.8%), knowledge about NonMKJP in the sufficient category (50.8%), decisions taken together (83.1%), married status (100%). Women of childbearing age are expected to understand the contraceptives they are currently using and those they plan to use. Healthcare workers are expected to continue providing routine education about long-term contraceptive methods (MKJP) to women of childbearing age, and future researchers are expected to examine the effects of non-MKJP contraceptive use on women of childbearing age..</p>

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INTRODUCTION

Reproductive health and family planning are strategic issues crucial for reducing birth rates and improving the quality of life. The Family Planning (FP) program aims to regulate the number of births, space them, and eliminate them (Simanungkalit, 2017). The program targets couples of childbearing age (PUS), with a particular focus on women of childbearing age (WUS) aged 15-49 (Sardaniah dan Esti, 2024). Active family planning

participants are those currently using a contraceptive method without intervening with pregnancy (Yuliati, 2021). This definition is used to measure the prevalence of contraceptive use among married couples. Data from the 2023 Indonesian Health Survey on maternal health services indicates that access to postpartum family planning is high, with coverage reaching 71.9%. It should also be noted that the most commonly used postpartum contraceptives are the 3-monthly injection (3.6%), condoms (2.0%), and male sterilization (0.2%).

The use of Long-Term Contraceptive Methods (MKJP) is still relatively low when compared to Non-Long-Term Contraceptive Methods (Non-MKJP) such as pills and injections. Based on data from the National Population and Family Planning Agency (BKKBN), the majority of Women of Childbearing Age (WUS) prefer Non-MKJP methods, although they are more accessible but require consistent compliance and have a higher failure rate (BKKBN, 2018). This condition has an impact on increasing the number of unplanned pregnancies and ultimately affects the high birth rate. Based on data from the Central Statistics Agency of Bali Province in 2023 in Bali Province the number of fertile age couples was 618,439. The highest active family planning coverage was in the use of Non-MKJP, namely injections at 52.4% while MKJP, namely Intrauterine Contraceptive Devices (IUDs) at 25.6% and Implants at 4.7% (Dinas Kesehatan Provinsi Bali, 2024).

The choice of contraception, especially non-contraceptive methods (MKJP), is influenced by several factors (Cahyani, 2021). Behavior is shaped within an individual by two main factors: internal factors and external factors. Internal factors include characteristics, motivation, perception, and suggestion. External factors, or stimuli, include the environment, socio-cultural factors, beliefs, and economic factors (Simanungkalit, 2017). The dominant external factor influencing a person's behavior is the environment. Some of these factors include concerns about long-term fertility problems that may arise from the use of long-term contraceptive methods (MKJP), as well as disapproval from the husband, who has a strong influence on the couple's contraceptive choice. This can hinder the decision to use contraception by one or both partners, as well as concerns about the side effects of the MKJP method (Rosyida, 2019).

Given the importance of contraceptive use in population control and improving the community's quality of life, strategic steps are needed to increase awareness of its use (Namangdjabar dan Dai Kredok, 2024). Therefore, this study will focus on the use of nonMKJP among women of childbearing age (WUS), the factors underlying their

decisions, and recommendations for increasing the coverage of MKJP use. In general, this study aims to determine the factors underlying the choice of non-long-term contraceptive methods by women of childbearing age at the Mengening Village Health Center, within the working area of the Kubutambahan II Health Center in 2025.

METHOD

This study used a quantitative descriptive approach (cross-sectional). Implementation took place from April to May 2025. Data were collected by distributing questionnaires. Data were analyzed using frequency distribution. The sample consisted of 118 women of childbearing age who visited the Mengening Village Community Health Center. The sampling method used was non-probability sampling, namely purposive sampling. Inclusion criteria included: women of childbearing age who regularly used injectable contraceptives and combination pills for at least one year, acceptors who were residents of Mengening Village, within the Kubutambahan II Community Health Center, and willing to participate. Exclusion criteria : respondents who could not read and write, could not communicate well.

RESULTS AND DISCUSSION

Respondent characteristics

The results of respondents' observations according to the type of non-MKJP contraceptive device can be seen in the following table:

Tabel 1. Factors underlying the selection of non-MKJP methods in fertile women

No	Variable	Category	Frequency (f) n = 118	Percentage (%)
1	Age	< 20 years	4	3,4
		20–35 years	73	61,9
		> 35 years	41	34,7
2	Education level	Primary	8	6,8
		Secondary	106	89,8
		High	4	3,4
3	Occupation	Working	47	39,8
		Not Working	71	60,2

4	Marital Status:	Married	118	100
		Not Married	0	0
5	Decision Maker	Wife	200	16,90
		Husband	98	83,1
		Mutual		
6	Knowledge of non-long-term contraception methods	Good	31	26,3
		sufficient	60	50,8
		Less	27	22,9

*) source : primary data

Based on the table above, it shows that most respondents use the Non MKJP method of contraception with an average age of <20 years (3.4%), 20-30 years (61.9%), >35 years (34.7%), primary education level (6.8%), secondary (89.8%), high (3.4%), working WUS (39.8%), not working (60.2%), wife's decision (16.9%), husband (0%), together (83.1%), married status (100%), not married (0%). Based on the table above, it shows that fertile women knowledge about non-long-term contraception methods is good (26.3%), sufficient (50.8%), and less (22.9%).

Discussion

Proportion of non-long-term contraception methods contraceptive device selection in WUS Research in Mengening village found that 287 active family planning participants were active, with 58.2% of them using non-longterm contraception methods contraceptive (MKJP). The results were obtained from a sample of 118 eligible respondents (WUS). The effectiveness of injections and pills in birth control is lower than that of MKJP because they require discipline in use ((Ministry of Health of the Republic of Indonesia, 2021).

Contraceptive choice, especially non-MKJP, is influenced by several factors (Cahyani, 2021). Behavior is shaped within an individual by two main factors: internal factors and external factors. Internal factors include characteristics, motivation, perception, and suggestions. External factors, or stimuli, include the environment, socio-cultural factors, beliefs, and economic factors (Simanungkalit, 2017). The dominant external factor influencing a person's behavior is the environment. Some of these include concerns about long-term fertility problems that may arise from MKJP use, as well as disapproval from the husband, who has a strong influence on the couple's contraceptive choice. This can hinder the decision to use contraception by one or both partners, as well as concerns about the side effects of MKJP methods (Matahari et al., 2019).

Factors in Selecting non-longterm contraception methods contraceptive in Women of Childbearing Age

The majority of respondents (73 people) were between the ages of 20 and 35, while 7 (5.9%) were under 20, and 38 (32.2%) were over 35. The explanation above aligns with (Rahayu, 2021) research, which states that a person becomes more mature in their thinking and work if they are of sufficient age (Rahayu, 2021). One factor influencing a person's decision to use contraception is their age. For two children, spaced 2 to 4 years apart, the optimal age for a wife is between 20 and 30 years. Potential acceptors over 30 may already have enough children and no longer desire children (Fitria et al., 2022).

Education

The majority of respondents (106 respondents) had a high school education, followed by 4 (3.4%) a college education, and 8 (6.8%) an elementary school education. The education level of husband and wife is one of the factors that determines their knowledge and perception of the importance of certain matters, including the importance of choosing a contraceptive method. For those with low levels of education, participation in the family planning program is solely aimed at birth control. Meanwhile, those with higher levels of education use contraception to regulate birth control and improve the welfare of families with two children. This is because individuals with higher levels of education have a broader perspective and are more receptive to new ideas or lifestyles (Simanungkalit, 2017).

Occupation

Forty-seven respondents (39.8%) were employed, while 71 respondents (60.2%) were unemployed. When deciding to marry and have children, couples of childbearing age must also consider what is best for their family. The progress of the family planning program in Indonesia is also influenced by economic factors, which are determined by daily expenses. Within a family, income levels influence contraceptive methods. Occupation also contributes to late injections, as employed women forget to repeat their birth control due to being too busy. Therefore, support from family members is needed (Jasa, 2021).

Marital Status

Based on the analysis, 118 respondents were legally married (100%). This is in line with research by (Palupi et al., 2023), which found that when married, the number of children tends to increase, resulting in a larger family. If there are enough surviving

children to fulfill the desired number of children, a person may decide to participate in a family planning program.

Knowledge of non-longterm contraception methods

A total of 31 respondents (26.3%) had good knowledge of contraceptive methods, while 60 respondents (50.8%) had sufficient knowledge and 27 respondents (22.9%) had insufficient knowledge. Cognitive knowledge consists of six levels: knowledge, comprehension, application, analysis, synthesis, and evaluation (Rahayu, 2021). As a result of research conducted by (Wulan & Rahayuningsih, 2023), it was found that there is a significant correlation between knowledge of contraceptive techniques among fertile couples and the number of contraceptives used. Therefore, sufficient knowledge regarding non-MKJP contraceptives significantly influences the quality of EFA in Mengening Village because the more understanding about non-MKJP contraceptives, the better the quality of self and family.

CONCLUSION

Most women who choose to use non-MKJP contraception are 20-35 years old, have a secondary education, are joint decision-makers/husband and wife, and are married. Most women who choose to use non-MKJP contraception have sufficient knowledge about nonMKJP contraception. The results of this study can be used by midwives in their practice to continue providing routine education about MKJP to PUS and it is hoped that subsequent researchers can examine the effects of the use of non-MKJP contraception that can have an impact on WUS.

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Lampiran 7

ASUHAN KEBIDANAN PADA IBU "EY" UMUR 26 TAHUN PRIMIGRAVIDA DARIUMUR KEHAMILAN 15 MINGGU 3 HARI SAMPAI 42 HARI MASA NIFAS

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Bimbingan

No	Dosen	Topik	Masukan Dosen	Tanggal Bimbingan	Validasi Dosen	Aksi
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2	198108312002122001 - NI WAYAN SUARNITI, S.ST,M.Keb	Konsultasi BAB I dan BAB II	Bimbingan Bab I dan II	16 Desember 2025	✓	
3	198108312002122001 - NI WAYAN SUARNITI, S.ST,M.Keb	Konsultasi perbaikan Laporan COC BAB I dan BAB II	Bimbingan perbaikan Laporan COC BAB I dan BAB II	7 Januari 2026	✓	
4	198108312002122001 - NI WAYAN SUARNITI, S.ST,M.Keb	Konsultasi Revisi BAB I dan BAB II, Konsultasi BAB III	Bimbingan Revisi BAB I dan BAB II, dan BAB III	10 Februari 2026	✓	
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7	198108312002122001 - NI WAYAN SUARNITI, S.ST,M.Keb	Konsultasi Revisi BAB I sampai BAB V	Bimbingan Revisi BAB I sampai BAB V	16 April 2026	✓	
8	198108312002122001 - NI WAYAN SUARNITI, S.ST,M.Keb	Konsultasi perbaikan ujian coc	Bimbingan Revisi BAB I sampai BAB V	4 Mei 2026	✓	

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Saya yang bertanda tangan di bawah ini

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Nomor HP/Email : [082337606515](tel:082337606515)/wayanrus29@gmail.com


Dengan ini menyerahkan berkas COC dengan Judul :

Asuhan Kebidanan pada Ibu "EY" Umur 26 Tahun Primigravida dari Umur Kehamilan 15 Minggu 3 Hari sampai 42 Hari Masa Nifas.

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Denpasar, Juni 2026



Ni Wayan Rusminiati
NIM P07124325143