Kemenkes
Poltekkes Tasikmalaya

LAPORAN ASUHAN KEBIDANAN *CONTINUITY OF CARE* (*COC*) PADA NY. A USIA 23 TAHUN $G_2P_1A_0$ DI WILAYAH UPTD PUSKESMAS MANGKUBUMI KOTA TASIKMALAYA

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ABSTRACT

CONTINUITY OF CARE (COC) MIDWIFERY CARE REPORT FOR MRS. A, 23 YEARS OLD, G2P1A0 IN THE UPTD AREA OF MANGKUBUMI COMMUNITY HEALTH CENTER, TASIKMALAYA CITY

Background:*Continuity of Care (COC) is a continuous and comprehensive midwifery care provided throughout pregnancy, childbirth, postpartum, newborn care, and family planning. The implementation of COC aims to ensure continuity of care, improve monitoring of the condition of the mother and baby, and detect potential complications early. In this case, COC care was provided at the Mangkubumi Community Health Center (UPTD) in Tasikmalaya City.*

Objective:*Providing continuous midwifery care to Mrs. A, 23 years old, G2P1A0, starting from pregnancy, childbirth, postpartum, newborn to family planning using Varney midwifery management and SOAP documentation.*

Method:*The method used was a case study with a Continuity of Care approach. Care was provided comprehensively through assessment, diagnosis, planning, implementation, evaluation, and documentation of midwifery care for Mrs. A and her baby at the UPTD Mangkubumi Community Health Center, Tasikmalaya City.*

Results:*Prenatal care for Mrs. A was carried out regularly and showed physiological conditions. At the end of her pregnancy, Mrs. A was 40–41 weeks pregnant and was given education on danger signs, labor preparation, and complementary care in the form of pelvic rocking. Labor occurred spontaneously on May 17, 2026, at 04:57 WIB. The baby was born male, with a strong cry, good muscle tone, reddish skin color, with an APGAR score of 10 and Early Initiation of Breastfeeding (IMD). In the fourth stage, a second-degree perineal tear was found and suturing and insertion of a post-placental IUD were performed after informed consent. Postpartum care showed normal uterine involution, good breast milk production, clean sutures, and no signs of complications. The newborn received essential neonatal care and monitoring showed good physiological adaptation.*

Conclusion:*The implementation of Continuity of Care for Mrs. A can be implemented comprehensively and continuously, starting from pregnancy, childbirth, postpartum, newborn care, and family planning services. The care provided is physiological, with monitoring of the mother and baby's condition, education, complementary interventions, breastfeeding support, and post-placental IUD contraceptive services. The implementation of COC through collaboration, good documentation, and continuity of visits can support holistic, integrated, and mother-centered midwifery services.*

Keywords:*Continuity of Care, midwifery care, pregnancy, childbirth, postpartum, newborn, post-placental IUD.*

DAFTAR ISI

DAFTAR TABEL

DAFTAR LAMPIRAN