













■ Bahan Ajar

Asuhan Kebidanan Nifas dan Menyusui

PROGRAM STUDI KEBIDANAN PURWOKERTO
PROGRAM DIPLOMA III JURUSAN KEBIDANAN
POLTEKKES KEMENKES SEMARANG
TAHUN AKADEMIK 2024/2025

## VISI DAN MISI PROGRAM STUDI KEBIDANAN PURWOKERTO PROGRAM DIPLOMA III POLKESMAR

#### **VISI**

"Menghasilkan ahli madya kebidanan yang berbudi pekerti luhur dengan keunggulan edukasi pada asuhan kebidanan essensial dan mampu bersaing di era global pada tahun 2025"

#### **MISI**

- 1. Menyelenggarakan pendidikan yang bermutu dalam rangka membangun budi pekerti luhur dengan keunggulan edukasi pada asuhan kebidanan essensial.
- 2. Menyelenggarakan penelitian di bidang kesehatan dan publikasi setiap tahun
- 3. Menyelenggarakan pengabdian masyarakat di bidang kesehatan di setiap tahun.
- 4. Menjalin kerjasama dengan stakeholder di bidang kesehatan secara berkelanjutan.
- Membekali lulusan dengan sertifikasi keahlian Edukasi Asuhan Kebidanan melalui Pemanfaatan Buku KIA serta Pelatihan Penanganan Gawat Darurat Obstetri Neonatal (PPGD ON)

#### **CONFIRMATION PAGE**

This postpartum and breastfeeding midwifery care modul was created to be used by students of the Purwokerto Midwifery Study Program, Diploma III Program, PolkesMar. We really hope for suggestions and input to improve this teaching material in the future.

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#### **FOREWORD**

The author prays thanks to the presence of Allah *Subhanahu Wa Ta'ala*, for the abundance of His grace, the author was able to complete the Postpartum and Breastfeeding Midwifery Care Module. This module was prepared to help students of the Purwokerto Midwifery Study Program PolkesMar Diploma III Program to be able to understand and master the postpartum Midwifery Care and Breastfeeding lecture material.

In this module, we discuss physiological changes during the postpartum period, psychological changes during the postpartum period, factors that influence the postpartum period, difficulties and complications during the postpartum period and breastfeeding, *evidence-based practice* postpartum and breastfeeding midwifery care, basic midwifery skills procedures and education for postpartum and breastfeeding mothers as well as management of midwifery care for postpartum and breastfeeding mothers.

We would like to thank all parties who have helped publish this module. The author realizes that this module still has many shortcomings, so the author expects constructive criticism and suggestions to improve the content and quality of this module from readers for subsequent publications.

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# **Clinical/Field/Laboratory Practice Module Format (1)**

1	Module theme	:	Physiological changes during the postpartum period		
2	Course / Code	:	Postnatal and breastfeeding midwifery care/ Bd.5.015		
3	Number of credits	:	2 P		
4	Time Allocation	:	2 x 170 minutes		
5	Semester	:	III		
6	Objective	:	After completing this course, students are expected to be able to understand the physiological changes during the postpartum period		
7	Module Overview	:	In this module, we teach how to understand physiological changes during the postpartum period		
8	Student Characteristics	:	This module is intended for third semester students of the DIII midwifery study program who have taken part in theoretical learning about physiological changes during the postpartum period.		
9	Competency Targets	:	Physiological changes during the postpartum and breastfeeding period		
10	Achievement Indicators	:	Students are able to understand physiological changes during pregnancy and breastfeeding		
11	Learning materials	:	Attached		
12	Learning strategies	:	Forms of responsive learning, simulation/presentation learning methods and group discussions		
13	Learning Support Facilities	:	Laboratory practice module		
14	Procedure (if required)	:	Simulation/presentation in large groups Group responses and discussions in small groups		
15	Evaluation Method		Response, group discussion		
16	Valuation Method		Paper assessment		
17	bibliography		<ul> <li>Wahyuningsih, WP. 2016. Bahan Ajar Kebidanan :         Asuhan Kebidanan Nifas dan Menyusui. Jakarta :         PUSDIKNAKES BPPSDM KES KEMENKES RI</li> <li>Modul Asuhan Kebidanan Nifas dan Menyusui. 2013.         Pusdiknakes Badan PPSDM Kes KEMENKES RI :         <ul> <li>Modul 1 : Adaptasi nifas</li> <li>Modul 2 : Kebutuhan dasar ibu masa nifas</li> <li>Modul 3 : Asuhan kebidanan masa nifas</li> <li>Modul 4 : Penyulit dan komplikasi masa nifas</li> <li>Modul praktikum 1 : petunjuk praktikum nifas</li> <li>Modul praktikum 2 : petunjuk praktikum nifas</li> <li>KEMENKES RI. 2019. Panduan Pelayanan Pasca Persalinan bagi Ibu dan Bayi baru lahir. Jakarta : KEMENKES RI</li> </ul> </li> <li>KEMENKES RI. 2013. Buku Saku Pelayanan Kesehatan Ibu di Fasilitas Kesehatan Dasar dan Rujukan. Jakarta : KEMENKES RI</li> <li>PUSDIKNAKES. 2015. Buku Ajar Kesehatan Ibu dan Anak. Jakarta : PUSDIKNAKES BPPSDM KES KEMENKES RI</li> </ul>		

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#### PHYSIOLOGICAL ADAPTATION IN POSTPARTUM WOMEN

#### 1. Changes in the cardiovascular system

#### a. Blood volume

Changes in blood volume depend on several factors, for example blood loss during delivery and mobilization and removal of extravascular fluid (physiological edema). Blood loss is the result of a rapid but limited decrease in total blood volume. After that, normal movement of body fluids occurs which causes blood volume to decrease slowly. In the third and fourth weeks after the baby is born, blood volume usually decreases until it reaches pre-pregnancy volume.

Pregnancy-induced hypervolemia (an increase of at least 40% over non-pregnant volume) means that most mothers can tolerate blood loss during delivery. Many mothers lose 300 to 400 ml of blood during a vaginal delivery of a singleton baby or about double this amount during a cesarean section.

The adjustment of maternal blood vessels after delivery is dramatic and rapid. Women's responses to blood loss during the early postpartum period are different from those of non-pregnant women. Three postpartum physiological changes that protect women are:

- Loss of uteroplacental circulation reduces the size of maternal blood vessels by 10% to 15%.
- Loss of endocrine function of the placenta which eliminates the vasodilatory stimulus
- The mobilization of extravascular water that is stored during pregnancy occurs.

Therefore, hypovolemic shock usually does not occur with normal blood loss.

#### b. Cardiac output

Heart rate, stroke volume, and cardiac output increase throughout pregnancy. Immediately after a woman gives birth, this condition increases even more for 30 to 60 minutes as the blood that normally traverses the uteroplacental circuit suddenly returns to the general circulation. This value increases in all types of birth or all uses of conduction anesthesia (Bowes, 1991). Data regarding the exact return of cardiac hemodynamics to normal levels are not available, but normal cardiac output values are found, if examination is carried out 8 to 10 weeks after delivery.

#### 2. Changes in the hematological system

Blood components:

#### a. Hematocrit and Hemoglobin

During the first 72 hours after the baby is born, the volume of plasma lost is greater than the blood cells lost. Decreased plasma volume and increased red blood cells were associated with increased hematocrit on the third to seventh postpartum day. No red blood cells are damaged during the post-partum period, but all excess red blood cells will gradually decrease according to the age of the red blood cells. The exact time when red blood cell volume returns to pre-pregnancy values is not known, but this volume is within normal limits when assessed 8 weeks after delivery.

#### b. Count white blood cells

Normal leukocytosis in pregnancy averages around 12,000/mm<sup>3</sup>. During the first 10 to 12 days after the baby is born, the leukocyte value is between 20,000 and 25,000/mm<sup>3</sup> is a common thing. Neutrophils are the most abundant white blood cells. The presence of leukocytosis accompanied by a normal increase in the red blood cell sedimentation rate may confuse the diagnosis of acute infection during this time.

#### c. Coagulation factors

Clotting factors and fibrinogen usually increase during pregnancy and remain elevated in early puerperium. The hypercoagulable state, which can be accompanied by blood vessel damage and immobility, results in an increased risk of thromboembolism, especially after a woman gives birth by caesarean section. Fibrinotic activity also increases during the first few days after the baby is born. Fibrin breakdown products possibly released from the placental implantation site may also be found in maternal blood.

#### 3. Changes in vitamin signs

Some changes in vitamin signs can be seen if the woman is in a normal condition. A small temporary increase in both systolic and diastolic blood pressure can occur and last for about four days after the woman gives birth (Bowes, 1991). Respiratory function returns to function when a woman is not pregnant in the sixth month after the woman gives birth. Once the uterus is empty the diaphragm descends, the heart axis returns to normal, and the maximum impulse point of the ECG returns to normal.

Table of vitaminal signs after childbirth

Table of vita	ımınal sıgns after childbirth
NORMAL FINDINGS	DEVIATIONS FROM NORMAL AND POSSIBLE CAUSES
TEMPERATURE  During the first 24 hours it can increase to 38 °C as a result of the dehydration effects of labor. After 24 hours it returned to normal.  PULSE  Pulse rate and stroke volume and cardiac output remain high during the first hours after the baby is born, then begin to decrease with unknown frequency. In the 8th to 10th week after giving birth, the pulse returns to its prepregnancy frequency.	The diagnosis of puerperal sepsis is only considered if the mother's body temperature rises to 38 °C after the first 24 hours after the baby is born and occurs again or persists for two days. Other possibilities are mastitis, endometritis, urinary tract infections and systemic infections.  A fast or increasing pulse frequency can indicate hypovolemia due to bleeding.
BREATHING Breathing should be within normal prenatal ranges during the first hour postpartum.	Hypoventilation may occur after an unusually high subarachnoid block Rapid shortness of breath or other changes require evaluation for conditions such as fluid overload, asthma exacerbation, and pulmonary embolus.
BLOOD PRESSURE Blood pressure changes little or persists. Orthostatic hypotension, which is indicated by feeling dizzy and feeling like you want to faint immediately after standing, can occur within the first 24 hours. This is a result of swelling of the spleen that occurs after a woman gives birth. Blood pressure may also experience a temporary increase in systolic and diastolic, which returns spontaneously to pre-pregnancy levels within a few days. Midwives are responsible for assessing the risk of preeclampsia.	Low or decreasing blood pressure can indicate hypovolemia due to bleeding. However, this is a sign that is slow to appear. Increased blood pressure can be caused by excessive use of vasopressors or oxytocin drugs. Because pregnancy-induced hypertension (PIH) can persist or first appear postpartum, routine blood pressure evaluation is necessary. If a woman complains of headache, the cause of hypertension must be ruled out before the woman is given analgesia. If blood pressure rises, the woman is advised to stay in bed and the doctor is notified.

#### 4. Changes in the digestive system

In the digestive system it takes 3-4 days before intestinal function returns.

a. Appetite

Although progesterone levels decrease after giving birth, food intake also decreases for a day or two. The mother is usually hungry immediately after giving birth so she can eat light foods.

#### b. Motility

Typically, decreased gastrointestinal muscle tone and motility persists for a short time after the baby is born. Excess analgesia and anesthesia can slow the return of tone and motility to normal.

#### c. Defecation

Spontaneous defecation can be delayed for two to three days after the mother gives birth. This situation can be caused by decreased uterine muscle tone during the birth process and in the early postpartum period, diarrhea before delivery, enemas before delivery, lack of food or dehydration. Mothers often suspect pain during defecation because of the pain they feel in the perineum due to episiotomy, lacerations or hemorrhoids. Regular toilet habits need to be re-established after muscle tone returns to normal.

#### 5. Changes in the urinary system

Hormonal changes during pregnancy (high steroid levels) contribute to increased kidney function, whereas a decrease in steroid levels after a woman gives birth partly explains the decline in kidney function during the postpartum period. Urination is often difficult during the first 24 hours. There may be sphincter spasm and bladder neck edema after this part experiences compression between the fetal head and the pubic bone during delivery. Large amounts of urine will be produced within 12-36 hours after giving birth. After the placenta is delivered, levels of the water-holding hormone estrogen will experience a marked decrease. This situation causes diuresis. Kidney function returns to normal within one month after the woman gives birth. It takes approximately 2 to 8 weeks of hypotonia in pregnancy and dilatation of the ureters and renal pelvis to return to their pre-pregnancy state.

#### a. Postpartum Diuresis

Within 12 hours after giving birth, the mother begins to get rid of excess fluid that has accumulated in the tissues during pregnancy. One mechanism to reduce fluid that accumulates in the tissues during pregnancy. One mechanism to reduce fluid retention during pregnancy is extensive diaphoresis, especially at night during the first two to three days after giving birth. Postpartum diuresis caused by decreased estrogen levels, loss of increased venous pressure in the lower extremities and loss of increased blood volume due to pregnancy represents fluid overload. Fluid loss through sweat and increased urine output leads to a weight loss of approximately 2.5 kg during the postpartum period. The removal of excess fluid accumulated during pregnancy is sometimes called reverse water metabolism during pregnancy.

#### b. Urethra and bladder

Trauma can occur to the urethra and bladder during the birth process, namely when the baby passes through the birth canal. The bladder wall may be hyperemic and edematous, often accompanied by small areas of hemorrhage. Collecting urine cleanly or through a catheter often indicates trauma to the bladder. The urethra and urinary meatus may also become edematous.

The combination of trauma due to birth, increased bladder capacity after the baby is born and the conductive effect of anesthesia causes the urge to urinate to decrease. In addition, pelvic pain resulting from pushing during childbirth, vaginal laceration or episiotomy reduces or changes the urinary reflex. Decreased urination, along with postpartum diureis, can cause bladder distension which appears immediately after a woman gives birth, which can cause excessive bleeding because this condition can prevent the uterus from contracting properly. In the advanced postpartum period, this excessive distension can cause the bladder to be more sensitive to infection, thus disrupting the normal urination process. If there is excessive distention of the bladder over a long period of time, the bladder wall can experience further damage (atony). By emptying the bladder adequately, bladder tone will usually recover within five to seven days after the baby is born.

#### 6. Endocrine system changes

#### a. Placental hormones

During the postpartum period, major hormonal changes occur. Removal of the placenta causes a significant decrease in the hormones produced by that organ. A decrease in the human placental lactogen (hPL) hormones estrogen and cortisol as well as placental enzyme insulinase reverses the diabetogenic effects of pregnancy, so that blood sugar levels decrease significantly during the puerperium. Mothers with diabetes usually need much smaller amounts of insulin for several days. Because these normal hormonal changes make the puerperium a transition period for carbohydrate metabolism, interpretation of glucose tolerance tests is more difficult at this time.

Estrogen and progesterone levels decrease markedly after the placenta is expelled, the lowest levels being reached approximately one week postpartum. Decreased estrogen levels are associated with breast engorgement and diuresis of excess extracellular fluid that accumulates during pregnancy. In women who do not breastfeed, estrogen levels begin to increase in the second week after giving birth and are higher in women who breastfeed on the 17th postpartum day.

#### b. Pituitary Hormones and Ovarian Function

The timing of the start of ovulation and menstruation in breastfeeding and non-breastfeeding women is different. High serum prolactin levels in breastfeeding women play a role in suppressing ovulation. Because follicle stimulating hormone (FSH) levels were shown to be the same in breastfeeding and non-breastfeeding women, it was concluded that the ovaries did not respond to FSH stimulation when prolactin levels increased.

Prolactin levels increase progressively throughout pregnancy. In breastfeeding women, prolactin levels remain elevated until the sixth week after giving birth. (Bowes, 1991). Serum prolactin levels are influenced by the frequency of breastfeeding, the duration of each breastfeeding and the amount of additional food given. This provides clear evidence that breastfeeding is not a good form of family planning. After giving birth, non-breastfeeding women experience a decrease in prolactin levels, reaching pre-pregnancy ranges within two weeks.

In women who are not breastfeeding, ovulation occurs early, namely within 27 days postpartum, with an average time of 70 to 75 days. In breastfeeding women, the average time for ovulation to occur is around 190 days (Bowes, 1991). Among breastfeeding women, 15% menstruate within six weeks and 45% within 12 weeks. Among women who do not breastfeed, 40% menstruate within six weeks, 65% within 12 weeks, and 90% within 24 weeks. In breastfeeding women, 80% of the first menstrual cycle does not contain ovum (anovulatory). In women who are not breastfeeding, 50% of the first cycle does not contain an ovum (Scott, et al, 1990). The first menstrual fluid after giving birth is usually heavier than normal. Within three to four cycles, the amount of a woman's menstrual fluid returns to the level before pregnancy.

#### 7. Changes in the musculoskeletal system

Adaptations of the mother's musculoskeletal system that occur during pregnancy occur in reverse in the postpartum period. These adaptations include things that help with joint relaxation and hypermobility and changes in the mother's center of gravity due to the enlarging uterus. Complete joint stability by the sixth to 8th week postpartum. However, although all other joints return to their normal pre-pregnancy state, a woman's feet do not experience any changes after giving birth. Women who have just become mothers will need shoes that are a larger size.

#### 8. Changes in the neurological system

Neurological changes during puerperium are the opposite of the neurological adaptations that occur when a woman is pregnant and are caused by the trauma that women experience during labor and delivery. Pregnancy-induced neurological discomfort will disappear after the woman gives birth. Elimination of physiologic edema through dieresis after birth eliminates carpal

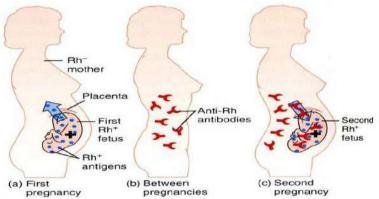
turner syndrome by reducing compression of the median nerve. The periodic numbness and tingling in the fingers experienced by 5% of pregnant women usually disappears after the child is born, unless lifting and moving the baby makes the situation worse. Headaches require careful examination, they can be caused by various conditions such as hypertension, stress, leakage of cerebrospinal fluid into the extradural space while the epidural needle is placed in the spine for anesthesia.

#### 9. Changes in the integumentary system

Chloasma that appears during pregnancy usually disappears when the pregnancy ends. Hyperpigmentation on the areola and linea nigra does not disappear completely after the baby is born. In some women, pigmentation in this area will persist. Stretched skin on the breasts, abdomen, thighs and hips may fade, but not completely disappear. Striae on the abdomen will turn into fine silvery white lines after a period of several months. The fine hair that grows thickly during pregnancy will usually disappear after the woman gives birth, but the coarse hair that appears during pregnancy will usually remain. The consistency and strength of the nails will return to its pre-pregnancy state.

#### 10. Changes in the immune system

Some mothers can develop rubella or Rh isoimmunization due to this pregnancy. Mothers can be given rubella vaccination and Rh immune globulin (RhoGam) during the postpartum period, if these drugs are not given to the mother, then the health of the future pregnancy will be in danger.



## PAPER EVALUATION FORM

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A	PREPARATION							
1	Consult with a supervisor	15						
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1	CHAPTER I: Introduction	15						
2	CHAPTER II: Theory Review/	50						
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3	CHAPTER III: Conclusion	5						
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## **Clinical/Field/Laboratory Practice Module Format (2)**

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#### PSYCHOLOGICAL ADAPTATION OF POSTPARTUM MOTHERS

- 1. Family dynamics after the child is born
  - a. The process of becoming a parent

During the prenatal period, the mother is the only party who shapes the environment in which the fetus grows and develops, and after birth other people begin to be involved in the baby's care either fully or indirectly. Becoming a parent is a maturation factor in a woman or man, regardless of whether the child being cared for is biologically related or not. The duties, responsibilities and attitudes that shape the role of being a parent were formulated by Steele and Pollack (1968) in Boobak (2004) as the function of becoming a mother, namely a process of adulthood (a mature, loving, capable and independent person). begins to care for a baby (an immature, helpless, dependent person). Every parent can show maternal traits, these maternal traits are not related to gender because the ability to show tenderness, love and understanding and put the interests of others above one's own interests is not only limited to women as an individual characteristic.

Becoming a parent is a process that consists of two components:

- Practical/mechanical cognitive-motor skills
   Includes child care activities such as feeding, holding, dressing, cleaning the baby,
   protecting it from danger, and helping it to move. These vitamin activities do not appear
   automatically when the baby is born. Many parents have to learn to perform this task,
   and this learning process may be difficult for them. Parents' ability to care for children
  - and this learning process may be difficult for them. Parents' ability to care for children is influenced by personal experience, culture, desire to learn and support from others. If all the influencing factors are supportive, almost all parents become accustomed to the activity of caring for the child.
- 2) Emotional cognitive-affective skills
  - It is a psychological component of being a parent called motherhood/fatherhood, which includes being gentle, alert and paying attention to the child's needs and desires. Maternal/paternal traits are rooted in the parents' childhood experiences of experiencing and receiving love from their parents, in other words, these traits are inherited by imitating the parent-child relationship they have experienced.

This component of parenthood has a very fundamental effect on the care a child receives. A positive parent-child relationship is mutually giving to each other, the parent is willing to provide help and the child is worthy of receiving help. The development of this mutual trust will determine the baby's response throughout life. People who experience positive parent-child relationships tend to be more sociable and open and able to ask for and accept help from others. On the other hand, people with a lack of parent-child trust tend to isolate themselves, be alone, and are more likely to experience a crisis because of their inability to use the support of other people when facing problems. (boobak, 2004; 505-506)

b. Introduction, bonding and affection (bonding attachment)

A process by which parents can love, accept, support and care for their child, and vice versa is referred to as bonding (bond) or attachment (affection). Bonding is explained as the first attraction, response and satisfaction between individuals, for example the first time a parent and child meet. Bonds develop and are maintained by closeness and interaction. Meanwhile attachmentnt is explained as feelings of affection/loyalty between individuals and other individuals that occur at critical periods such as birth or adoption. This process of affection begins when the mother is pregnant, becomes stronger at the beginning of the postpartum period and once established it will become constant and consistent. This is critical for physical and mental health across the life span.

Pre conditions affecting bonding:

- Parents' emotional health includes the ability to trust others
- Social support system: spouse, friends, family

- Level of skill in communication and in providing competent care
- The closeness of parents to babies
- Parent-baby compatibility, including condition, temperament, baby gender
- If one of these preconditions is missing, to ensure the bonding process requires expert intervention. (boobak;2004;506)

The more involved the father, the easier the bond is to form.

Bonding is facilitated by positive feedback including social, verbal and non-verbal responses, for example a newborn holding hands/hair, uniting with parents. More broadly, the concept of bonding becomes mutual, meaning that the behavior and characteristics of the baby cause the emergence of a set of appropriate maternal behaviors and characteristics. The baby shows signaling behavior such as crying, smiling and making sounds, which creates contact and makes the mother approach the baby. These behaviors are then followed by executive behaviors such as rooting, grasping and posture adjustments to maintain contact.

Bonding will occur more easily if the baby has the temperament, social skills, appearance and gender according to the parents' expectations. If the baby does not meet these expectations, disappointment will arise which will slow down the bonding process.

The most important part of bonding is introduction. Parents will make eye contact, touch, talk and explore immediately after recognizing the baby, which is some time after birth. During the introductory period the family seeks identification of the baby through the claims process. Initially, the child will look for similarities with family members, differences and finally uniqueness.

Parent-child communication

Bonds are strengthened through parent-child interaction/communication, including:

#### 1) Touch

Touch/touch is used extensively by parents or other caregivers to recognize newborn babies. Many mothers want to immediately reach their child when he is born. They lifted the baby to their chest, embraced him and rocked him. As soon as children are close to their mother, they begin the process of exploring with their fingertips (the most sensitive part of their body). Variations in touch behavior can be seen in various mothers from different cultural groups.

#### 2) Eye contact

The pleasure of making eye contact over and over again. Some mothers say that once their babies can look at them, they feel closer to their babies. Parents spend a long time trying to get their babies to open their eyes and look at them. When a newborn is functionally able to maintain eye contact, parents and baby will spend a lot of time looking at each other, often in an en face position (a position where the two faces are approximately 20 cm apart in the same field of view).



#### 3) Voice

Hearing and responding to each other's sounds between parents and their babies is also important. Parents wait tensely for their baby's first cry. When the sound that makes

them believe the baby is healthy is heard, they begin to take action to comfort them. When parents speak in a high tone, the baby calms down and turns towards them.

#### 4) Aroma

Another behavior that occurs between parents and babies is the response to each other's scent/smell. Mothers comment on the scent of their newborn babies and know that each child has a unique scent. Babies learn quickly to distinguish the aroma of their mother's milk.

#### 5) Entrainment

Newborn babies move according to the structure of adult speech. They shake their hands, raise their heads, kick their legs as if they were dancing to the tune of their parents' voices. This means that children have developed rhythms that arise out of habit long before they are able to communicate with words. Entrainment occurs when the child starts talking. This rhythm also functions to provide positive feedback to parents and enforce a positive, effective communication pattern.

#### 6) Biorhythm

The unborn child can be said to be in tune with the baby's natural rhythm, for example the fetal heart rate. After birth, a crying baby can be calmed by being held in such a position that he can hear his mother's heartbeat (listen to the recorded heartbeat). One of the tasks of a newborn baby is to form a personal rhythm (biorhythm). Parents can help this process by providing consistent love and by taking advantage of the time when the baby develops responsive behavior. This increases social interaction and the baby's opportunity to learn. The sooner parents become competent in child care activities, the sooner their psychological energy can be channeled into observing their baby's communication.

#### 7) Early contact

Research on non-human mammals shows that early contact between mother and offspring is important for developing future relationships.

Maternal affection behavior in the first days postpartum. Early contact also has a positive effect on the length of the breastfeeding period, because physiologically early contact provides benefits; in mothers oxytocin and prolactin levels increase; in babies the sucking reflex is initiated early; the process of active immune formation begins when the baby begins to ingest the mother's skin flora.

The first hours/days after birth are a sensitive time for parent-baby interaction. Early close contact can speed up the parent-baby bonding process. Research in the field of maltreatment notes that cases of neglect, beatings and failure to develop are more likely to occur in babies who are separated from their parents for a relatively long time during the early period.

#### 8) Contact widely

In birth practice, the family is sought to be the focus of care. One method is to provide room facilities for mother and baby care. Fathers are encouraged to visit and participate in the baby's care, siblings and grandparents are encouraged to visit and get to know the baby.

#### c. The role of parents after the baby is born

The role of parents begins when the pregnancy grows and becomes stronger when the baby is born. Caring for and nurturing children begins when the baby is not yet born, namely when the mother begins to pay attention to her health for the good of the baby, the father cares for his partner and pays attention to his unborn child. This is an example of a couple starting to function as parents.

During the postpartum period new tasks and responsibilities emerge, and old habits need to be adapted to new ones. In the early period parents must recognize the relationship with their baby and be able to carry out care. This period is characterized by intensive learning and parenting demands, lasting approximately 4 weeks.

The next period is a period for building family unity. It is a consolidation process that includes negotiations (husband and wife, mother and father, parent and child, siblings) stabilization and commitment to each other's duties. Lasts approximately two months. This postpartum adjustment period is known as the fourth trimester.

- d. Duties and responsibilities of parents
  - Parents must accept the child's true condition and not continue to be carried away by the fantasies and dreams they have about their ideal child's figure.
    - This means parents must accept physical appearance, gender, temperament, physical status, body size, skin color, moulage, etc. If the child obtained is very different from what was previously imagined, parents will need time to fully accept the child.
  - Parents need to believe that their newborn baby is a separate person from themselves
     Someone who has many needs and requires care
  - Parents must be able to master how to care for their babies
    - Caring for the baby, paying attention to the communication movements the baby makes in saying what is needed, and responding appropriately.
    - Parents must set good evaluation criteria that can be used to assess the success or failure of things they do with their baby
    - The way a baby responds to the care and attention given by the baby is interpreted by parents as the baby's comment on the quality of the service provided. This response can be in the form of crying, increasing or decreasing body weight, sleep quality.
  - Parents must designate a place for the newborn in the family
    - Whether this baby is the first or the last, all family members must adapt their roles in welcoming the new arrival.
    - Parents need to establish the primacy of their adult relationships to maintain the family as a group. Includes the regulation of many roles, for example sexual relations, child care, careers and roles in society. Time and energy must be devoted to this important task.

#### 2. Factors influencing parental response

How mothers and fathers and families behave towards newborn babies is partly influenced by internal and external factors. How a mother and father behave towards newborn babies is partly influenced by internal and external factors.

#### ☐ Internal factors:

- How they are managed by their parents; when the father or other individual in his childhood was educated by their parents in a harsh way or often given punishment when there is a slight mistake so that the closeness between the father and the baby will be difficult to form and this method will be applied to educate his child later.
- Culture that is internalized within themselves; In many societies there is still a belief
  that mothers and their newborn babies are not clean, and are isolated from their fathers
  for a specified period, of course this makes it difficult to form an emotional bond with
  the father.
- Life values; Beliefs and values in life influence a person's behavior and responses. In the Islamic religion, newborn babies are given the call to prayer as soon as possible by the father. This situation gives the father the opportunity to try holding the baby for the first time and the baby listens to the father's voice.
- Relationships between people; relationships between people will create an experience such as if the father sees or hears stories from his friends about how his friends behave towards their first child, if the father has harmonious relationships in his environment, it is easy to socialize, this will create a positive response towards his baby.
- Previous pregnancy history; if in a previous pregnancy the mother experiences complications in the pregnancy such as abortion, placenta previa etc., it will make the father/mother and the family take care and protect the baby very well.

#### ☐ External factors:

- The dream of becoming a parent; Married couples who really want children will of course respond to the birth of a baby with pride and happiness.
- Care received during pregnancy, labor and post partum; attention from her husband and family will create feelings of happiness and pride in her role as a birthing mother.
- Attitude and behavior of visitors; visitors give praise and congratulations and see a feeling of pride towards the baby, this will foster a feeling of happiness about the presence of the baby.

Bobak 2004 divides the factors that influence parents' responses as follows:

#### Age

Fatigue after childbirth and the need for more rest is a major problem for older parents (mothers > 35 years). Mothers feel caring for a newborn is a physically tiring activity.

#### Social network

Family and friends are a social network for parents, where parents can ask for help. In multipara, mothers will be more realistic in overcoming their physical limitations and can more easily adapt to their roles and social interactions. Meanwhile, Primipara mothers tend to need greater support. Social networks increase a child's growth potential and prevent mistakes in treating children. Social networks can provide support but can also cause problems if the advice the mother receives is contradictory/unhelpful.

#### Culture

Beliefs and cultural factors are important factors in parental behavior, including influencing the baby's interactions with parents and other family members.

#### Socioeconomic conditions

Socioeconomic conditions can influence parents in obtaining assistance. Families who are able to pay additional expenses with the presence of a baby will not feel a financial burden, but families who consider the presence of a baby as an additional financial burden may experience increased stress. Stress causes disruption during the transition to becoming a parent.

#### Personal aspirations

For women, becoming a parent can interfere with personal freedom and career advancement. If feelings of disappointment are not resolved, it can have an impact on how they care for their baby, and they can even abandon their baby.

# FACTORS THAT INFLUENCE THE POSTPARTUM AND BREASTFEEDING PERIOD

The postpartum and breastfeeding period is influenced by several factors, namely:

- Environment
- Nutrition
- Emotional condition
- Rest
- Support and advice
- Physical condition
- Supplementation/medication

According to Penny Simkin: Recovery during the postpartum period is a complex process and is influenced by many factors and processes

	influenced by many factors and processes								
TIME	SUPPORTING FACTORS	INHIBITING FACTORS							
PRE- PREGNANCY	<ul> <li>Physically and psychologically healthy</li> <li>Family support</li> <li>Good socio-economic</li> <li>Positive experiences related to health</li> <li>Attention to reproductive problems</li> <li>Experience caring for newborns</li> </ul>	<ul> <li>History of physical and mental illness</li> <li>Lack of family support</li> <li>Low economic level</li> <li>Negative experiences regarding health or reproductive services</li> </ul>							
PREGNANCY	<ul> <li>IDEM, added:</li> <li>Ability to take good care of yourself</li> <li>Able to maintain health and be free from pregnancy complications</li> <li>The fetus grows well</li> <li>Good cooperation with midwives</li> </ul>	<ul> <li>IDEM, added:</li> <li>Unhealthy pregnancy</li> <li>The fetus does not develop well</li> <li>Lack of contact and lack of collaboration with midwives</li> </ul>							
LABOR	<ul> <li>Free from complications</li> <li>Continued care from the midwife</li> <li>Length of normal labor</li> <li>Minimum procedure</li> <li>Normal vaginal delivery</li> <li>BBL is healthy and normal</li> <li>IMD</li> </ul>	<ul> <li>There are complications</li> <li>Lack of care from midwives</li> <li>Fear of facing childbirth</li> <li>Childbirth with action</li> <li>SC</li> <li>BBL that requires further treatment</li> <li>BBL cannot be done by IMD</li> <li>Mother and baby are not cared for together</li> </ul>							
FIRST DAY PP	<ul> <li>Get enough rest for mother and partner</li> <li>Sufficient help, nutrition, support from husband and family</li> <li>Good recovery process from perineal wounds</li> <li>Milk comes out</li> <li>Able to care for babies well</li> <li>Soft and responsive baby</li> <li>Health education provided by midwives on how to care for yourself, care for babies, and breastfeeding (exclusive breastfeeding)</li> </ul>	<ul> <li>Mother is too tired and lacks rest</li> <li>Lack of support, help from husband and family, isolation, alone</li> <li>The baby is fussy, doesn't want to breastfeed</li> <li>Pain and infection in the perineal wound</li> <li>Pain (perineal wounds, breasts)</li> <li>There is a problem with the baby</li> <li>Breast milk does not come out</li> <li>Breast dam</li> <li>Contrary to the health care given by the midwife</li> </ul>							
THE FIRST	• IDEM, ADDED:	• IDEM, ADDED:							

WEEK	<ul> <li>Support and assistance from the family in caring for the baby, providing food, carrying out household chores and visitors</li> <li>Access to physical and mental health and assistance in breastfeeding the baby</li> <li>Good cooperation between baby and family (grandparents)</li> <li>Successfully breastfed her baby well</li> <li>Good maternal adaptation</li> <li>Predictable baby behavior</li> </ul>	<ul> <li>The mother is isolated, lacking support and assistance from the family</li> <li>Tired, lots of work and not enough rest</li> <li>Lack of knowledge about health and lack of assistance in breastfeeding</li> <li>The baby's lack of trust with other families</li> <li>Breastfeeding is hampered</li> <li>Physical problems in the mother, pain, long recovery</li> <li>The baby is fussy and not easily soothed, crying loudly</li> </ul>
1-2 MONTHS	<ul> <li>Normal baby development</li> <li>Mother recovered perfectly</li> <li>Support from family, friends, health workers to mothers and husbands</li> <li>Exclusive breastfeeding</li> <li>Talk and be confident in caring for the baby</li> <li>Get enough rest for mom</li> <li>Good emotional</li> <li>Able to maintain and care for his health</li> <li>Able to work well with a partner</li> </ul>	<ul> <li>Abnormal baby development</li> <li>Persistent health problems in the mother</li> <li>Lack of support from family or partner</li> <li>Problems with breastfeeding (mastitis, low milk production, sore nipples)</li> <li>The baby is fussy, cries loudly, has colic</li> <li>Mom doesn't get enough rest</li> <li>Postpartum depression</li> <li>Lack of services for postpartum mothers</li> <li>Lack of cooperation with spouse and family</li> </ul>

# PAPER EVALUATION FORM

Paper Title	:		
Presentation Date	:		
Members of the group	: (Nama, NIM	(I)	
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A	PREPARATION							
1	Consult with a supervisor	15						
В	PAPER							
1	CHAPTER I: Introduction	15						
2	CHAPTER II: Theory Review/	50						
	Discussion							
3	CHAPTER III: Conclusion	5						
4	bibliography	15						
	Amount	100						

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# **Clinical/Field/Laboratory Practice Module Format (3)**

1	Module theme	:	Basic midwifery skills procedures and education on midwifery care during the postpartum and breastfeeding
			period
2	Course / Code	:	Postnatal and breastfeeding midwifery care/ Bd.5.015
3	Number of credits	••	2 P
4	Time Allocation	:	2 x 170 minutes
5	Semester	:	III
6	Objective	:	After completing this course, students are expected to be able to practice basic midwifery skill procedures and education on midwifery care during the postpartum and breastfeeding period.
7	Module Overview	:	This module teaches you how to practice basic midwifery skills procedures and education on midwifery care during the postpartum and breastfeeding period (nutrition and supplementation).
8	Student Characteristics	:	This module is intended for third semester students of the DIII midwifery study program who have taken part in theoretical learning about the basic needs of the postpartum period and breastfeeding.
9	Competency Targets	:	Procedures for basic midwifery skills and education in midwifery care during the postpartum and breastfeeding period:  • Nutritional health education for breastfeeding mothers  • Postpartum supplementation health education
10	Achievement Indicators	:	Students are able to practice basic midwifery skills procedures and education on midwifery care during the postpartum and breastfeeding period:  • Nutritional health education for breastfeeding mothers  • Postpartum supplementation health education
11	Learning materials	:	Attached
12	Learning strategies	:	Practical/demonstration and response forms of learning Tutorial/simulation learning method
13	Learning Support Facilities	:	Laboratory practice module Flip sheets and leaflets Checklist Simulated patient
14	Procedure (if required)	:	Practicum/simulation/demonstration in large groups Tutorial/redemonstration and response in small groups
15	Evaluation Method		Redemonstrasi
16	Valuation Method		Observation using a checklist
17	bibliography		<ul> <li>Wahyuningsih, WP. 2016. Bahan Ajar Kebidanan:         Asuhan Kebidanan Nifas dan Menyusui. Jakarta:         PUSDIKNAKES BPPSDM KES KEMENKES RI</li> <li>Modul Asuhan Kebidanan Nifas dan Menyusui.         2013. Pusdiknakes Badan PPSDM Kes KEMENKES RI:         <ul> <li>Modul 1: Adaptasi nifas</li> </ul> </li> </ul>

Modul 2 : Kebutuhan dasar ibu masa nifas
Modul 3 : Asuhan kebidanan masa nifas
• Modul 4 : Penyulit dan komplikasi masa nifas
<ul> <li>Modul praktikum 1 : petunjuk praktikum nifas</li> </ul>
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#### BASIC NEEDS IN THE POSTPARTUM AND BREASTFEEDING PERIOD

#### A. Nutrition and fluids

There are no contraindications in providing nutrition, needs have increased by  $\pm$  25% compared to women before pregnancy. Mothers are advised to eat 4-5 times/day or 3 portions of meals and snacks.

The nutrients consumed by breastfeeding/postpartum mothers are useful for:

- Activitamin
- Metabolism
- Energy reserves in the body
- Preparation and process of producing breast milk
- RUT
- Recovery of mother's condition
- Prevent infection

Mother's nutritional needs, which need to be considered are:

- It is recommended that food be balanced in quantity and quality, in sufficient portions according to needs and regularly
- Drink a lot, every day you have to drink more than 6 glasses per day
- Eat foods that do not stimulate either thermally, mechanically or chemically to maintain smooth mother's digestion: not too salty, too spicy / fatty
- Limit strong-smelling foods: alcohol
- Use food ingredients that can stimulate breast milk production, for example: green vegetables
- A balanced menu contains: a source of energy, a builder and a protective regulator.

#### Power source (energy)

Energy sources are obtained from carbohydrates, fats, proteins. For postpartum mothers, the diet needed is a high-calorie diet. Calorie requirements for adult women are 2200 cal, for breastfeeding mothers within 6 months post partum energy requirements increase by 700 cal/day, whereas after 6 months post partum the increase is only 500 cal/day.

The total food consumed is recommended to contain 60-70% carbohydrates, 20-30% fat and 10-20% protein.

#### Carbohydrate

- Function of Carbohydrates: source of energy, metabolism
- Sources of carbohydrates: rice, potatoes, sweet potatoes, bread, noodles, corn and various flour foods

#### Fat

- Fat Function: body resistance, helps develop the baby's brain and eye retina
- Fat sources: cheese, milk, coconut milk, butter, margarine

#### Protein

- Function: helps tissue healing, forms new tissue and produces breast milk
- Adult women's protein needs are 51 grams
- Needs 6 months post partum: increase 16 g/day
- Needs after 6 months post partum: increase by 12 g/day
- Protein sources: tempeh, tofu, nuts, meat, eggs, fish, chicken

#### Fluid

- Minimum fluid requirements 2 L/day
- Fluid intake can be increased to 3L/day
- Function: for the breast milk production process and preventing dehydration
- Nursing mothers are advised to drink a glass of fluid every time they finish breastfeeding Iodium
- Functions to increase physical and mental growth
- Requirements 200mg/day

- Source: fish, sea fish, iodized salt

#### Vitamin C

- Requirements 85 100 mg/day
- Function: increases the body's endurance, helps produce breast milk
- Sources: oranges, tomatoes, mangoes, green vegetables

#### Fiber

- 29 mg/day
- Function: facilitates excretion, increases muscle strength, increases body fluids
- Source: vegetables and fruits

Example of a breastfeeding mother's menu

Example of a b	iiciiu	
Types of Food	Baby age 0-6	The baby is more than 6
Types of Food	months	months old
Rice	5 plates	4 plates
Fish	3 pieces	2 pieces
Tempe	5 pieces	4 pieces
Vegetables	3 bowls	3 bowls
Fruit	2 pieces	2 pieces
Types of Food	Baby age 0-6	The baby is more than 6
	months	months old
Sugar	5 spoons	5 Spoons
Milk	1 glass	1 glass
Air	8 glasses	8 glasses

- B. Supplementation and medication during the postpartum period Iron (Fe)
  - Give iron pills for 40 days post partum
  - Function: prevents anemia and increases body endurance
  - When drinking, don't drink tea/coffee because it can prevent iron absorption
  - Side effects:
    - Black feces
    - Constipation
    - Nausea
  - Foods containing Fe: liver, dark green vegetables, bone marrow, meat

#### Vitaminamin A

- Give vitamin A capsules (200,000 IU)
- The first capsule is taken immediately after delivery, the second capsule 24 hours after the first capsule
- Characteristics of Vitamin A:
  - Soluble in fat
  - Cannot stand light heat, acids, oxidation, high temperatures
  - Active form in food as provitamin A (beta carotene)
- Sources of vitamin A: fish, liver, dark green vegetables, yellow vegetables and fruit, egg yolks, butter
- Functions of Vitamin A:
  - Vision function
  - Cell differentiation (cell growth and development)
  - Immunity to infection
  - Growth and development: plays a role in protein synthesis and fat metabolism
  - Reproduction

Medicines secreted in breast milk

The following drugs that are relatively frequently found are actually excreted into breast milk so they should be avoided or used as little as possible by breastfeeding mothers, these drugs include:

- Alcohol
- Nicotine
- Caffeine
- Quinine
- Laxative
- Diazepam
- Salicylates
- Barbiturates
- Cytotoxic drugs

The mother should be reminded to use only medicines prescribed by her doctor and to tell her doctor if she is breastfeeding her baby. She must also protect her baby from the dangers of pesticides and other chemicals by peeling the skin of fruit or washing vegetables that may be contaminated by pesticide spray.

# ASSESSMENT SHEET NUTRITIONAL HEALTH EDUCATION OF BREASTFEEDING MOTHERS

A	ATTITUDE	
N O	ITEMS TO BE ASSESSED	MARK
1.	Welcome and introduce yourself to clients in a friendly and polite manner	
	(greet, say name, smile)	
	0. Are not done	
	1. Done imperfectly	
	2. Perfectly done	
2.	Tested to invite clients to sit down and be communicative	
	0. Are not done	
	1. Done with just words	
	2. Done with speech and body language	
3.	Confident (calm, clear voice, fluent)	
	0. Looks nervous, doesn't make eye contact, voice is unclear	
	1. Hasty and looks hesitant	
	2. Look calm and act confidently	
4.	Carry out effective communication during inspections and actions	
	Criteria: Indonesian/culturally appropriate, eye contact, clear verbal, intonation	
	0. Are not done	
	1. Performed less than 3 criteria	
	2. Perfectly done	
5.	Provide a sense of empathy for clients	
	0. Are not done	
	1. Giving clients the opportunity to submit complaints does not respond well	
	2. Provide opportunities for clients to submit complaints and immediately provide	
	good responses	
Tota	l ATTITUDE score (maximum 10)	
В	CONTENT	
	RITIONAL HEALTH EDUCATION OF BREASTFEEDING MOTHERS	
6.	Explain the aims and objectives	
	0. Are not done	
	1. Just explain the intent or purpose	
	2. Explain the aims and objectives of health education	
7.	Tested to carry out apperception regarding nutritional needs in breastfeeding	
	mothers	
	0. Not done	
	1. The midwife asks the client "mother, have you previously received information	
	about the nutritional needs of breastfeeding mothers?"	
	2. The midwife asks the client "Have you ever received information about the	
	nutritional needs of breastfeeding mothers before? If so, what information have you	
	received?"	
8.	Explain the importance of fulfilling nutrition for breastfeeding mothers	
	0. Not done	
	1. Explaining incompletely that the fulfillment of balanced nutrition is very important	
	for the body's recovery after childbirth, energy reserves, optimum health,	
	preparation for breastfeeding so that there is sufficient breast milk for the baby.	
	2. Explains in full that providing balanced nutrition is very important for the body's	
	recovery after childbirth, energy reserves, optimum health, preparation for	
	breastfeeding so that there is sufficient breast milk for the baby.	

9.	Explain the problems that may arise due to nutritional deficiencies in breastfeeding	
	mothers	
	0. Not done	
	1. Explains incompletely that nutritional deficiencies can hinder the body's recovery	
	after childbirth, fatigue, health problems and lack of breast milk production	
	2. Explains in full that nutritional deficiencies can hinder the body's recovery after	
1.0	childbirth, fatigue, health problems and lack of breast milk production	
10.	Explain the benefits, sources and required amount of carbohydrates	
	0. Not done	
	1. Explains incompletely that carbohydrates have benefits as a source of energy which	
	can be obtained from food sources such as grains (wheat and rice) or cereals, tubers	
	(potatoes, cassava, sweet potatoes), corn, dried beans and sugar. and energy	
	requirements during breastfeeding are around 60 - 70% of all total calorie	
	requirements.	
	2. Explain in full that carbohydrates have benefits as a source of energy which can be	
	obtained from food sources such as grains (wheat and rice) or cereals, tubers	
	(potatoes, cassava, sweet potatoes), corn, dried beans and sugar. and energy	
	requirements during breastfeeding are around 60 – 70% of all total calorie	
1.1	requirements	
11.	Explain the benefits, sources and amount of protein needed  0. Not done	
	1. Explains incompletely that protein helps in tissue healing and breast milk production, sources: beef, chicken, fish/other seafood, eggs, milk, tempeh and nuts,	
	the amount needed is 10 to 20 percent of total calories	
	2. Explain in full that protein helps in tissue healing and breast milk production,	
	sources: beef, chicken, fish/other seafood, eggs, milk, tempeh and nuts, the amount	
	needed is 10 to 20 percent of total calories	
12.	Explain the benefits, sources and amount of fat needed	
12.	0. Not done	
	1. Explains incompletely that fat helps the development of the baby's brain and eye	
	retina, sources: corn oil, fish, the amount required is 20 to 30 percent of total	
	calories.	
	2. Explains in full that fat helps the development of the baby's brain and eye retina,	
	sources: corn oil, fish, the amount required is 20 to 30 percent of total calories.	
13.	Explain the benefits, sources and amount of fiber needed	
10.	0. Not done	
	1. Explains incompletely that fiber facilitates excretion and increases muscle strength	
	and increases body fluids, source: vegetables and fruit, requirement: 29 mg/day	
	2. Explains in full that fiber facilitates excretion and increases muscle strength and	
	increases body fluids, source: vegetables and fruit, requirement: 29 mg/day	
14.	Explain the benefits, sources and amount of iron needed	
	0. Not done	
	1. Explains incompletely that iron prevents anemia and increases endurance, sources:	
	liver, bone marrow, eggs and dark green vegetables, needs: 28 mg/day	
	2. Explains in full that iron prevents anemia and increases endurance, sources: liver,	
	bone marrow, eggs and dark green vegetables, needs: 28 mg/day	
	, , , , , , , , , , , , , , , , , , ,	

15.	Explain the benefits, sources and amount of Iodine needed	
10.	0. Not done	
	1. Explains incompletely that Iodine increases physical and mental growth, source:	
	iodized salt, requirement: 200 mg/day	
	2. Explains in full that Iodine increases physical and mental growth, source: iodized	
	salt, requirement: 200 mg/day	
16.	Explain the sources, benefits and required amounts of vitamins C and A	
10.	0. Not done	
	1. Explains incompletely that vitamins help increase the body's endurance, help	
	produce breast milk, sources: vitamin A: liver, dark green and yellow vegetables,	
	vitamin C: green and yellow fruits/vegetables, needs: vitamin C: 85 mg / day,	
	vitamin A: 850 mg/ day	
	<ol> <li>Explain in full that vitamins help increase the body's endurance, help produce breast</li> </ol>	
	milk, sources: vitamin A: liver, dark green and yellow vegetables, vitamin C: green	
17	and yellow fruits/vegetables, needs: vitamin C: 85 mg/day, vitamin A: 850 mg/day	
17.	Explain the sources, benefits and amount of fluid needed	
	0. Not done	
	1. Explain incompletely that fluids are used to prevent dehydration and are produced	
	into breast milk, needs: 2.5 – 3 liters/day  2. Explain in full that fluids are used to prevent dehydration and produce breast milk,	
	1 1	
10	needs: 2.5 – 3 liters/day	
18.	Explain the calorie requirements for breastfeeding mothers for one day	
	0. Not done	
	1. Explains incompletely that mothers need an increase in calories to meet maternal	
	needs and breast milk production of 2900 calories.	
	2. Explains in full that mothers need to increase calories to meet maternal needs and breast milk production of 2900 calories.	
19.	Explain how to regulate food portions for breastfeeding mothers during one day	
19.	0. Not done	
	1. Explaining incompletely the need for 2900 calories can be divided into 3 portions	
	for breakfast, lunch and afternoon and snacks.	
	<ol> <li>Explaining in full the need for 2900 calories which can be divided into 3 portions</li> </ol>	
	for breakfast, lunch and afternoon and snacks.	
20.	Explain how to prepare and serve food properly	
20.	0. Not done	
	1. Explaining incompletely that choosing food that is still fresh, Do not soak vegetables	
	that have been cut for too long, so that vitamins B and C do not dissolve in water,	
	always use clean cooking utensils, do not boil vegetables for too long so that the vitamins in them are not lost, cook meat and fish until fully cooked, processing meat	
	and fish is better steamed or boiled / steamed than fried, do not use equipment to	
	serve hot food made of plastic, avoid reheating food many times.	
	2. It is not complete that choosing food that is still fresh, Do not soak vegetables that	
	have been cut for too long, so that vitamins B and C do not dissolve in water, always	
	use clean cooking utensils, cook vegetables do not boil for too long so that the	
	vitamins in them are not lost, cook meat and fish until fully cooked, processing meat	
	and fish is better steamed or boiled / steamed than fried, do not use equipment to	
	serve hot food made of plastic, avoid reheating food many times	

21.		
	Explains the loss when the mother abstains from certain foods	
	0. Not done	
	1. Explaining incompletely that it is possible that the foods that are prohibited actually	
	contain the nutrients needed by breastfeeding mothers, for example: fish, eggs, etc.	
	2. Explain in full that it is possible that the foods that are prohibited actually contain	
	the nutrients needed by breastfeeding mothers, for example: fish, eggs, etc.	
22.	Provide a sample menu for breastfeeding mothers	
	0. Not done	
	Provides an incomplete sample menu for breastfeeding mothers	
	2. Provides a complete sample menu for breastfeeding mothers	
23.	Carrying out an evaluation:	
	0. Are not done	
	1. Asking whether it is clear or not, or asking the client to repeat himself but not paying	
	attention to whether it is correct or not.	
	2. Asking whether it is clear/not and asking the client to repeat it again, paying	
	attention to whether it is correct/wrong and correcting if there are errors	
24.	Tested using media	
2	0. Are not done	
	Using media but not effectively	
	2. Use media effectively and correctly	
25.	Tested provides the opportunity to ask questions, provide feedback	
23.	0. Are not done	
	1. Give clients the opportunity to ask what they don't understand and don't immediately	
	provide an answer	
	2. Provide the client with the opportunity to ask questions that are not understood and	
	immediately provide responses to the client's questions	
Tota	l score content PENKES NUTRITION FOR BREASTFEEDING MOTHERS	
	kimum 40)	
(2224)	TECHNIQUE	
26		
26.	Tested to do it systematically	
	0. Are not done	
	1 Danfarra come actions as not in accuracy	
Ì	Perform some actions or not in sequence     Perform some acquentially.	
27	2. Perform actions sequentially	
27.	2. Perform actions sequentially  Proven to apply infection prevention techniques	
27.	Perform actions sequentially     Proven to apply infection prevention techniques     O. Are not done	
27.	Perform actions sequentially  Proven to apply infection prevention techniques      Are not done      Implementing inappropriate infection prevention techniques	
	Perform actions sequentially  Proven to apply infection prevention techniques      Are not done     Implementing inappropriate infection prevention techniques     Implement appropriate infection prevention techniques	
27.	2. Perform actions sequentially  Proven to apply infection prevention techniques  0. Are not done  1. Implementing inappropriate infection prevention techniques  2. Implement appropriate infection prevention techniques  Tested to communicate during the inspection	
	2. Perform actions sequentially  Proven to apply infection prevention techniques  0. Are not done  1. Implementing inappropriate infection prevention techniques  2. Implement appropriate infection prevention techniques  Tested to communicate during the inspection  0. Are not done	
	<ol> <li>Perform actions sequentially</li> <li>Proven to apply infection prevention techniques</li> <li>Are not done</li> <li>Implementing inappropriate infection prevention techniques</li> <li>Implement appropriate infection prevention techniques</li> <li>Tested to communicate during the inspection</li> <li>Are not done</li> <li>Carry out communication but use language/words that are difficult for the client to</li> </ol>	
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28.	<ol> <li>Perform actions sequentially</li> <li>Proven to apply infection prevention techniques</li> <li>Are not done</li> <li>Implementing inappropriate infection prevention techniques</li> <li>Implement appropriate infection prevention techniques</li> <li>Tested to communicate during the inspection</li> <li>Are not done</li> <li>Carry out communication but use language/words that are difficult for the client to understand</li> <li>Carry out communication in language that is easy for clients to understand</li> </ol>	
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28.	<ol> <li>Perform actions sequentially</li> <li>Proven to apply infection prevention techniques</li> <li>Are not done</li> <li>Implementing inappropriate infection prevention techniques</li> <li>Implement appropriate infection prevention techniques</li> <li>Tested to communicate during the inspection</li> <li>Are not done</li> <li>Carry out communication but use language/words that are difficult for the client to understand</li> <li>Carry out communication in language that is easy for clients to understand</li> <li>Tested using language that is easy to understand</li> <li>Using language that the client does not understand</li> <li>Some still use medical terms</li> </ol>	
28.	<ol> <li>Perform actions sequentially</li> <li>Proven to apply infection prevention techniques</li> <li>Are not done</li> <li>Implementing inappropriate infection prevention techniques</li> <li>Implement appropriate infection prevention techniques</li> <li>Tested to communicate during the inspection</li> <li>Are not done</li> <li>Carry out communication but use language/words that are difficult for the client to understand</li> <li>Carry out communication in language that is easy for clients to understand</li> <li>Using language that is easy to understand</li> <li>Some still use medical terms</li> <li>Use language that is easy for clients to understand</li> </ol>	
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28. 29. 30.	<ol> <li>Perform actions sequentially</li> <li>Proven to apply infection prevention techniques</li> <li>Are not done</li> <li>Implementing inappropriate infection prevention techniques</li> <li>Implement appropriate infection prevention techniques</li> <li>Tested to communicate during the inspection</li> <li>Are not done</li> <li>Carry out communication but use language/words that are difficult for the client to understand</li> <li>Carry out communication in language that is easy for clients to understand</li> <li>Carry out communication in language that is easy for clients to understand</li> <li>Using language that is easy to understand</li> <li>Some still use medical terms</li> <li>Use language that is easy for clients to understand</li> <li>Tested to pay attention to each answer</li> <li>Are not done</li> <li>Gives attention but does not provide reinforcement</li> <li>Give attention and provide reinforcement</li> </ol>	
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28. 29. 30.	2. Perform actions sequentially  Proven to apply infection prevention techniques  0. Are not done  1. Implementing inappropriate infection prevention techniques  2. Implement appropriate infection prevention techniques  Tested to communicate during the inspection  0. Are not done  1. Carry out communication but use language/words that are difficult for the client to understand  2. Carry out communication in language that is easy for clients to understand  Tested using language that is easy to understand  0. Using language that the client does not understand  1. Some still use medical terms  2. Use language that is easy for clients to understand  Tested to pay attention to each answer  0. Are not done  1. Gives attention but does not provide reinforcement  2. Give attention and provide reinforcement  Maintain client privacy  0. Are not done	
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28. 29. 30.	<ol> <li>Perform actions sequentially</li> <li>Proven to apply infection prevention techniques</li> <li>Are not done</li> <li>Implementing inappropriate infection prevention techniques</li> <li>Implement appropriate infection prevention techniques</li> <li>Tested to communicate during the inspection</li> <li>Are not done</li> <li>Carry out communication but use language/words that are difficult for the client to understand</li> <li>Carry out communication in language that is easy for clients to understand</li> <li>Using language that is easy to understand</li> <li>Some still use medical terms</li> <li>Use language that is easy for clients to understand</li> <li>Some still use medical terms</li> <li>Use language that is easy for clients to understand</li> <li>Tested to pay attention to each answer</li> <li>Are not done</li> <li>Gives attention but does not provide reinforcement</li> <li>Give attention and provide reinforcement</li> <li>Maintain client privacy</li> <li>Are not done</li> <li>Maintain privacy by saying/demonstrating closing the door/simply covering it</li> <li>Maintain privacy by saying and demonstrating closing the door/scoop</li> </ol>	

	2.	Completely document the results of the action (date, time, content/results of the action, signature, full name)	
33.	Tes	sted in responding to cases and theories	
	0.	Not mastering cases or theory	
	1.	Only master cases or theories	
	2.	Master theory and cases well	
Tota	l tec	hnical score (maximum 16)	
TOT	ΊΑL	VALUE OF HEALTH AND NUTRITIONAL EDUCATION OF	
BRE	AST	FEEDING MOTHERS	

#### Tools prepared:

- 1. Flip sheet
- 2. Examples of food needed

COMPETENCE	SHOES MAX	ACHIEVEMEN T SCORE
Attitude	10	
Content:		
- Nutrition Health Care for Breastfeeding Mothers *	40	
Technique	16	
TOTAL HEALTH AND NUTRITIONAL EDUCATION SCORES OF BREASTFEEDING MOTHERS	66	

# 

# ASSESSMENT SHEET HEALTH EDUCATION ON SUPPLEMENTATIONS AND MEDICATIONS IN THE POSTPARTUM PERIOD

A	ATTITUDE	
N O	ITEMS TO BE ASSESSED	MARK
1.	Welcome and introduce yourself to clients in a friendly and polite manner	
	(greet, say name, smile)	
	0. Are not done	
	1. Done imperfectly	
	2. Perfectly done	
2.	Tested to invite clients to sit down and be communicative	
	0. Are not done	
	1. Done with just words	
2	2. Done with speech and body language	
3.	Confident (calm, clear voice, fluent)	
	0. Looks nervous, doesn't make eye contact, voice is unclear	
	<ol> <li>Hasty and looks hesitant</li> <li>Look calm and act confidently</li> </ol>	
4		
4.	Carry out effective communication during inspections and actions Criteria: Indonesian/culturally appropriate, eye contact, clear verbal, intonation	
	0. Are not done	
	1. Performed less than 3 criteria	
	2. Perfectly done	
5.	Provide a sense of empathy for clients	
٥.	0. Are not done	
	1. Giving clients the opportunity to submit complaints does not respond well	
	2. Provide opportunities for clients to submit complaints and immediately provide	
	good responses	
Tota	l ATTITUDE score (maximum 10)	
В	CONTENT	
	LTH EDUCATION ON SUPPLEMENTATIONS AND MEDICATIONS IN THE	
	TPARTUM PERIOD	
6.	Explain the aims and objectives	
	0. Are not done	
	1. Just explain the purpose/purpose	
7.	2. Explain the aims and objectives completely	
7.	Carrying out apperception  0. Are not done	
	1. Ask the client "mother, have you previously received information about supplementation and medication for breastfeeding mothers?"	
	2. Ask the client "mother, have you previously received information about	
	supplementation and medication for breastfeeding mothers, if so, what information	
	have you received?"	
8.	Ask whether the mother has received supplementation and medication after giving	
0.	birth	
	0. Are not done	
	1. Asking is not correct	
	2. Ask completely	

9.	Explains the benefits of iron during the postpartum period: preventing anemia and	
	increasing body endurance	
	0. Are not done	
	1. Explaining is not true or incomplete	
	2. Explain correctly and completely	
10.	Explain the dose of iron during the postpartum period: 60 mg, minimum 40 tablets	
	during the postpartum period	
	0. Are not done	
	1. Explaining is not true or incomplete	
	2. Explain correctly and completely	
11.	Explain examples of food sources of iron: liver, bone marrow, eggs and dark green	
	vegetables	
	0. Are not done	
	1. Explaining is not true or incomplete	
	2. Explain correctly and completely	
12.	Explain the benefits of vitamin A during the postpartum period for babies:	
12.	Improves the quality of breast milk, increases child survival, increases body endurance,	
	prevents complications from measles and diarrhea, protects the eyes from xerophthalmia	
	and night blindness.	
	0. Are not done	
	1. Explain the benefits of vitamin A for babies < 3	
	2. Explain the benefits of vitamin A for babies ≥ 3	
12		
13.	Explain the benefits of vitamin A during the postpartum period for mothers	
	Maintaining maternal health during breastfeeding, preventing night blindness	
	0. Are not done	
	1. Explaining incorrectly	
	2. Explain properly	
14.	Explain the dosage of vitamin A during the postpartum period	
	Dose 2 x 200,000 SI, first administration immediately after delivery and second	
	administration 24 hours after the first administration and no more than 6 weeks later	
	0. Are not done	
	1. Explaining incorrectly	
	2. Explain properly	
15.	Explain examples of food sources of vitamin A: liver, dark green and yellow	
	vegetables	
	0. Are not done	
	1. Explained inaccurately	
	2. Explains precisely	
16.	Explain the effect of medicines and herbs in the postpartum period	
	0. Are not done	
	1. Explaining incorrectly	
	2. Explain properly	
17.	Tested using media	
	0. Are not done	
	Using media but not effectively	
	2. Use media effectively and correctly	
18.	Tested provides the opportunity to ask questions, provide feedback	
	0. Are not done	
	1. Give clients the opportunity to ask what they don't understand and don't immediately	
	provide an answer	
	2. Provide the client with the opportunity to ask questions that are not understood and	
	immediately provide responses to the client's questions	
Щ	minutation provide responses to the entents questions	

19.	Tested carries out an evaluation by asking again what has been explained		
	0. Not done		
	1. Tested to carry out an evaluation by asking again but it was not done perfectly		
	"ma'am, you understand the explanation I gave, if that means there are no more		
	questions"		
	2. Tested to carry out an evaluation by asking again and it was done perfectly 'Ma'am,		
	you understand my explanation regarding supplementation and postpartum		
	medicine, try repeating the explanation I gave regarding"		
Total score content PENKES SUPPLEMENTATION AND MEDICATIONS IN THE			
POS'	TPARTUM PERIOD (maximum 28)		
	TECHNIQUE		
20.	Tested to do it systematically		
	0. Are not done		
	1. Perform some actions or not in sequence		
	2. Perform actions sequentially		
21.	Proven to apply infection prevention techniques		
	O. Are not done		
	1. Implementing inappropriate infection prevention techniques		
	2. Implement appropriate infection prevention techniques		
22.	Tested to communicate during the inspection		
	0. Are not done		
	1. Carry out communication but use language/words that are difficult for the client to		
	understand		
	2. Carry out communication in language that is easy for clients to understand		
23.	Tested using language that is easy to understand		
	0. Using language that the client does not understand		
	Some still use medical terms		
	2. Use language that is easy for clients to understand		
24.	Tested to pay attention to each answer		
	0. Are not done		
	1. Gives attention but does not provide reinforcement		
2.5	2. Give attention and provide reinforcement		
25.	Maintain client privacy		
	0. Are not done		
	1. Maintain privacy by saying/demonstrating closing the door/simply covering it		
26	2. Maintain privacy by saying and demonstrating closing the door/scoop  Tested to document the results of actions well		
26.			
	0. Are not done  1. Decompositing the results of actions but not completely.		
	<ol> <li>Documenting the results of actions but not completely</li> <li>Completely document the results of the action (date, time, content/results of the</li> </ol>		
	1 7		
27.	action, signature, full name)		
21.	Tested in responding to cases and theories  0. Not mastering cases or theory		
	Not mastering cases of theory     Only master cases or theories		
	2. Master theory and cases well		
Tota	l technical score (maximum 16)		
	TOTAL VALUE OF SUPPLEMENTATION AND MEDICATION DURING THE		
POSTPARTUM PERIOD			
TUSTFAKTUM FEKIUD			

Tools prepared: flip sheet

COMPETENCE	SHOES MAX	ACHIEVEMEN T SCORE
Attitude	10	
Content:		
- Health Care Supplementation and medication during the postpartum period	28	
Technique	16	
TOTAL SCORES OF SUPPLEMENTATION AND MEDICATIONS IN THE POSTPARTUM PERIOD HEALTH EDUCATION	54	

## 

## **Clinical/Field/Laboratory Practice Module Format (4)**

1	Module theme	:	Basic midwifery skills procedures and education on midwifery care during the postpartum and breastfeeding	
			period	
2	Course / Code	:	Postnatal and breastfeeding midwifery care/ Bd.5.015	
3	Number of credits	:	2 P	
4	Time Allocation	:	2 x 170 minutes	
5	Semester	:	III	
6	Objective	:	After completing this course, students are expected to be able to practice basic midwifery skill procedures and	
			education on midwifery care during the postpartum and breastfeeding period.	
7	Module Overview		This module teaches you how to practice basic	
	Wiodale Overview	'	midwifery skills procedures and education on	
			midwifery care during the postpartum and breastfeeding	
			period (elimination and personal/perineal hygiene).	
8	Student Characteristics	:	This module is intended for third semester students of	
			the DIII midwifery study program who have taken part	
			in theoretical learning about the basic needs of the	
			postpartum period and breastfeeding.	
9	Competency Targets	:	Procedures for basic midwifery skills and education in	
			midwifery care during the postpartum and breastfeeding	
			period:	
			• Fulfillment of basic needs during the postpartum	
			period:	
			Health education to eliminate the postpartum	
			period	
			• Health education on perineal care during the	
			postpartum period	
			Perineal suture wound care	
10	Achievement Indicators	:	Students are able to practice basic midwifery skills	
			procedures and education on midwifery care during the	
			postpartum and breastfeeding period:	
			Fulfillment of basic needs during the postpartum	
			period:	
			Health education to eliminate the postpartum	
			period	
			Health education on perineal care during the	
			postpartum period	
	1		Perineal suture wound care	
11	Learning materials	:	Attached	
12	Learning strategies	:	Practical/demonstration and response forms of learning Tutorial/simulation learning method	
13	Learning Support Facilities	:	Laboratory practice module	
			Flip sheets and leaflets	
			Checklist	
			Simulated patient	
14	Procedure (if required)	:	Practicum/simulation/demonstration in large groups	
			Tutorial/redemonstration and response in small groups	
15	Evaluation Method		Redemonstrasi	

16	Valuation Method	Ob	oservation using a checklist
16 17	Valuation Method bibliography		Persalinan bagi Ibu dan Bayi baru lahir. Jakarta: KEMENKES RI KEMENKES RI. 2013. Buku Saku Pelayanan Kesehatan Ibu di Fasilitas Kesehatan Dasar dan Rujukan. Jakarta: KEMENKES RI PUSDIKNAKES. 2015. Buku Ajar Kesehatan Ibu dan Anak. Jakarta: PUSDIKNAKES BPPSDM KES KEMENKES RI KEMENKES RI. 2014. Pegangan Fasilitator Kelas Ibu Hamil. Jakarta: KEMENKES RI KEMENKES RI. 2020. Buku Kesehatan Ibu dan Anak. Jakarta: KEMENKES RI Yuliani, DR. Sumiyati. Winarso, SP. 2021. Modul Kelas Persiapan Menyusui. Semarang: Poltekkes Kemenkes Semarang Sulfianti, dll. 2021. Asuhan Kebidanan Pada Masa Nifas. Medan: Yayasan Kita Menulis KEMENKES RI. 2020. Pedoman bagi Ibu Hamil, Bersalin, Nifas dan Bayi Baru Lahir di Era Pandemi COVID-19 Revisi 1. Jakarta: KEMENKES RI Sentra Laktasi Indonesia. Buku Saku Bantuan Menyusui pada Situasi Bencana
		\[ \lambda \]	Anak. Jakarta: KEMENKES RI Yuliani, DR. Sumiyati. Winarso, SP. 2021. Modul Kelas Persiapan Menyusui. Semarang: Poltekkes Kemenkes Semarang Sulfianti, dll. 2021. Asuhan Kebidanan Pada Masa Nifas. Medan: Yayasan Kita Menulis KEMENKES RI. 2020. Pedoman bagi Ibu Hamil,
		>	COVID-19 Revisi 1. Jakarta : KEMENKES RI Sentra Laktasi Indonesia. Buku Saku Bantuan Menyusui pada Situasi Bencana
		<b>A</b>	
		A A	Pelayanan Kesehatan, Jakarta F. Garry Cunningham, William Obstetri, 2010 Bobak, Buku Ajar Keperawatan Maternitas, 2004
		>	Harry Oxorn, Ilmu Kebidanan : Patologi dan Fisiologi Persalinan, Yayasan Essentia Medica, 2007

Prepared by	Checked by	Confirmed by
Course Coordinator	Study Program Secretary	Head of Department Representative
Sphol.	Am.	Program  DREKTORAT JENDERAL  TENAGA KESEHATAN  Walin, SST, M.Kes
<u>Diki Retno Yuliani, SST, M.Tr. Keb</u> NIP. 198607122009122002	Puji Hastuti, Ahli (A),MH.Kes NIP.197502222008122001	NIP. 196504231988032002

#### BASIC NEEDS IN THE POSTPARTUM AND BREASTFEEDING PERIOD

#### A. Elimination: BAB/BAK

- In postpartum mothers, elimination must be done regularly. If BAK is irregular/retained, bladder distension occurs, causing disruption of uterine contractions and irregular discharge/bleeding. Likewise, irregular defecation causes the feces to harden and become difficult to expel, resulting in disruption of uterine contractions and uneven discharge/bleeding.
- In postpartum mothers there is often a feeling of reluctance to defecate, because the reflex/sensation of wanting to defecate/defecate decreases or fear of stitching wounds.
- Midwives need to observe for abdominal distension by palpating and auscultating the abdomen, especially post-SC

#### **BEHIND**

- BAK must occur within 6-8 hours post partum, at least 150-200cc each time you urinate.
- Some women experience difficulty urinating, possibly due to decreased bladder tone, edema due to trauma, fear due to pain.
- Suggestion:
  - Mothers need to learn to urinate spontaneously
  - Drink lots of fluids
  - Early mobilization: it is not uncommon for BAK difficulties to be treated immediately
  - Not holding BAK
  - BAK must be done by yourself as soon as possible
  - Stimulation for BAK: soak in a sitz bath (to reduce edema and relax the sphincter) then warm/cold compress
- If you can't BAK yourself:
  - put the catheter in time
  - If necessary, a dauer catheter/indwelling catheter can be installed to rest the bladder muscles, if there is damage it can recover quickly
  - Pay attention to avoid infection → give antibiotics

#### **CHAPTER**

- Defecation should occur within 3-4 days post partum
- Suggestion:
  - Consume foods high in fiber and drink enough
  - Does not hold BAB

- Early mobilization: it is not uncommon for defecation difficulties to be treated immediately
- If you haven't defecated on day 3, you can give a laxative suppository
- If obstipation occurs and is accompanied by febrile → klisma / give oral laxant

#### B. Personal and perineal hygiene

- Encourage cleanliness throughout the body. Frequent cleaning of the perineum will increase comfort and prevent the risk of infection
- Teach mothers how to clean the genital area with soap and water. Make sure that he understands to clean the area around the vulva first, from front to back, then clean the area around the anus. Advise mothers to clean themselves every time they finish defecating
- Advise mothers to change sanitary napkins/sanitary napkins at least twice a day. The cloth can be reused if it has been washed well and dried in the sun/iron.
- Advise mothers to wash their hands with soap and water before and after cleaning their genital area
- If the mother has an episiotomy wound or laceration, advise the mother to avoid touching the wound area, keep it clean and dry.
- Recommend to shower twice a day
- Vulva hygiene can provide an opportunity to thoroughly inspect the perineal area and reduce pain

## ASSESSMENT SHEET ELIMINATION HEALTH EDUCATION IN THE POSTPARTUM PERIOD

A	ATTITUDE	
N O	ITEMS TO BE ASSESSED	MARK
1.	Welcome and introduce yourself to clients in a friendly and polite manner	
	(greet, say name, smile)	
	0. Are not done	
	1. Done imperfectly	
	2. Perfectly done	
2.	Tested to invite clients to sit down and be communicative	
	0. Are not done	
	1. Done with just words	
	2. Done with speech and body language	
3.	Confident (calm, clear voice, fluent)	
	0. Looks nervous, doesn't make eye contact, voice is unclear	
	1. Hasty and looks hesitant	
	2. Look calm and act confidently	
4.	Carry out effective communication during inspections and actions	
	Criteria: Indonesian/culturally appropriate, eye contact, clear verbal, intonation	
	0. Are not done	
	1. Performed less than 3 criteria	
	2. Perfectly done	
5.	Provide a sense of empathy for clients	
	0. Are not done	
	1. Giving clients the opportunity to submit complaints does not respond well	
	2. Provide opportunities for clients to submit complaints and immediately provide	
	good responses	
Tota	l ATTITUDE score (maximum 10)	
В	CONTENT	
HEA	LTH EDUCATION ELIMINATION OF THE POSTPARTUM PERIOD	
6.	Explain the aims and objectives	
	0. Are not done	
	1. Just explain the intent or purpose	
	2. Explain the aims and objectives of health education	
7.	Apperception / the extent of the client's knowledge about BAK, defecation in	
	postpartum mothers	
	0. Are not done	
	1. Asking the client about the postpartum mother's defecation that she knows about and	
	blaming her for what she said was wrong	
	2. Ask the client about the defecation of postpartum mothers that they know about and	
	do not blame them if what they say is wrong	
8.	Explain the normal time a postpartum mother should urinate and defecate (BAK	
	at least 6 hours after giving birth, defecate at least 3 x 24 hours after giving birth)	
	0. Are not done	
	1. Just explain one of the eliminations of BAK or defecation to the client	
	2. Explain to the client the normal time for mothers to urinate and defecate completely	
9.	Explaining the correct defecation and urination techniques to postpartum mothers	
	(according to the client's condition)	
	0. Are not done	
	1. Explain how to eliminate inappropriate conditions for the client	
	2. Explain how to eliminate it according to the client's condition	

10. Explain defecation and urination problems that are often faced by postpartum mothers (constipation, diarrhea, urinary incontinence and stitching pain)  0. Are not done 1. Explains incompletely (< 3) 2. Explains completely ≥ 3  11. Explain the causes of BAK and defecation problems  - Intestinal motility is reduced during labor  - Anesthetic drugs  - Mother is afraid of damaging the perineal sutures  - Mother feels afraid when she is going to urinate or defecate  - Excessive discharge during labor  0. Are not done  1. Explains incompletely (< 5) 2. Explain completely (≥ 5)  12. Explains how to overcome BAK and defecation problems  - Drink more water  - Increase fiber foods  - Getting used to defecating on time (when you first have the urge to defecate)  - Warm sit bath is by spraying warm water into the genitals  0. Are not done  1. Explains incompletely (< 4)  2. Explain fully (≥ 4)	
<ul> <li>0. Are not done</li> <li>1. Explains incompletely (&lt; 3)</li> <li>2. Explains completely ≥ 3</li> <li>11. Explain the causes of BAK and defecation problems <ul> <li>Intestinal motility is reduced during labor</li> <li>Anesthetic drugs</li> <li>Mother is afraid of damaging the perineal sutures</li> <li>Mother feels afraid when she is going to urinate or defecate</li> <li>Excessive discharge during labor</li> </ul> </li> <li>0. Are not done <ul> <li>Explains incompletely (&lt; 5)</li> <li>Explains completely (≥ 5)</li> </ul> </li> <li>12. Explains how to overcome BAK and defecation problems <ul> <li>Drink more water</li> <li>Increase fiber foods</li> <li>Getting used to defecating on time (when you first have the urge to defecate)</li> <li>Warm sit bath is by spraying warm water into the genitals</li> <li>0. Are not done</li> <li>1. Explains incompletely (&lt; 4)</li> </ul> </li> </ul>	
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<ul> <li>Warm sit bath is by spraying warm water into the genitals</li> <li>Are not done</li> <li>Explains incompletely (&lt; 4)</li> </ul>	
0. Are not done 1. Explains incompletely (< 4)	
1. Explains incompletely (< 4)	
13. Tested using media	
0. Are not done	
Vie not done     Using media but not effectively	
2. Use media effectively and correctly	
14. Tested provides the opportunity to ask questions, provide feedback	
0. Are not done	
1. Give clients the opportunity to ask what they don't understand and don't immediately	
provide an answer	
2. Provide the client with the opportunity to ask questions that are not understood and	
immediately provide responses to the client's questions	
15. Conduct evaluation	
0. Are not done	
1. Asking whether it is clear or not, or asking the client to repeat himself but not paying	
attention to whether it is correct or not.	
2. Asking whether it is clear/not and asking the client to repeat it again, paying	
attention to whether it is correct/wrong and correcting if there are errors	
Total score content PENKES ELIMINATION OF THE PARTMENT PERIOD	
(maximum 20)	
TECHNIQUE	
16. Tested to do it systematically	
0. Are not done	
Perform some actions or not in sequence	
2. Perform actions sequentially	
17. Proven to apply infection prevention techniques	
0. Are not done	
Implementing inappropriate infection prevention techniques     Implement appropriate infection prevention techniques	
2. Implement appropriate infection prevention techniques	
18. Tested to communicate during the inspection	
0. Are not done	
1. Carry out communication but use language/words that are difficult for the client to	
understand	
2. Carry out communication in language that is easy for clients to understand	

19.	Tested using language that is easy to understand	
	0. Using language that the client does not understand	
	1. Some still use medical terms	
	2. Use language that is easy for clients to understand	
20.	Tested to pay attention to each answer	
	0. Are not done	
	Gives attention but does not provide reinforcement	
	Give attention and provide reinforcement	
21.	Maintain client privacy	
	0. Are not done	
	1. Maintain privacy by saying/demonstrating closing the door/simply covering it	
	2. Maintain privacy by saying and demonstrating closing the door/scoop	
22.	Tested to document the results of actions well	
	0. Are not done	
	1. Documenting the results of actions but not completely	
	2. Completely document the results of the action (date, time, content/results of the	
	action, signature, full name)	
23.	Tested in responding to cases and theories	
	0. Not mastering cases or theory	
	1. Only master cases or theories	
	2. Master theory and cases well	
Tota	l technical score (maximum 16)	
TOT	AL VALUE OF ELIMINATION EDUCATION FOR POSTPARTUM WOMEN	

Tools prepared: flip sheet

COMPETENCE	SHOES MAX	ACHIEVEME
		NT SCORE
Attitude	10	
Content:		
- Health Care Elimination of the Postpartum Period *	20	
Technique	16	
TOTAL ELIMINATION FOR POSTPARTUM WOMEN HEALTH EDUCATION SCORES	46	

Total Achievement Score	
VALUE = x 100 =	
Maximum Total Score	
Students are declared: Competent / Not Competent (cross apply)	out anything that doesn't
	ALUATOR

## ASSESSMENT SHEET HEALTH EDUCATION ON PERINEUM CARE FOR POSTPARTUM WOMEN

A	ATTITUDE	
N O	ITEMS TO BE ASSESSED	MARK
1.	Welcome and introduce yourself to clients in a friendly and polite manner	
	(greet, say name, smile)	
	0. Are not done	
	1. Done imperfectly	
	2. Perfectly done	
2.	Tested to invite clients to sit down and be communicative  0. Are not done	
	<ol> <li>Done with just words</li> <li>Done with speech and body language</li> </ol>	
3.	Confident (calm, clear voice, fluent)	
٥.	0. Looks nervous, doesn't make eye contact, voice is unclear	
	Hasty and looks hesitant	
	Look calm and act confidently	
4.	Carry out effective communication during inspections and actions	
	Criteria: Indonesian/culturally appropriate, eye contact, clear verbal, intonation	
	0. Are not done	
	1. Performed less than 3 criteria	
	2. Perfectly done	
5.	Provide a sense of empathy for clients	
	0. Are not done	
	1. Giving clients the opportunity to submit complaints does not respond well	
	2. Provide opportunities for clients to submit complaints and immediately provide	
	good responses	
Tota	ATTITUDE score (maximum 10)	
В	CONTENT	
	LTH EDUCATION PERINEUM CARE IN THE POSTPARTUM PERIOD	
N O	ITEMS TO BE ASSESSED	MARK
6.	Explain the aims and objectives	
	0. Are not done	
	1. Just explain the intent or purpose	
_	2. Explain the purpose and objectives of the action	
7.	Apperception is the extent of the client's knowledge about the importance of	
	perineal care for postpartum mothers	
	0. Are not done	
	1. Asking the client about the importance of perineal care for postpartum mothers that he knows and blaming him for what he said was wrong	
	2. Asking clients about the importance of perineal care in postpartum mothers that	
	they know and not blaming them if what is stated is wrong	
8.	Explain the importance of perineal care during the postpartum period (providing	
0.	comfort and preventing infection)	
	0. Are not done	
	Explaining is not true or incomplete	
	2. Explain correctly and completely	

	T-1-2-41	1
9.	Explain the correct way to clean the perineal area, namely:	
	a. Run or rinse with clean, warm water in the perineal area after urinating and	
	defecating in a front to back direction and washing the anal area last.	
	b. Dry with a sanitary napkin or towel by patting from front to back.	
	0. Are not done	
	1. Explaining is not true or incomplete	
	2. Explain correctly and completely	
10.	Explain the correct way to use sanitary napkins, namely:	
	a. How to wear and remove sanitary napkins from front to back to avoid spreading	
	bacteria from the anus to the vagina.	
	b. Change the bandage every 4 - 5 hours, at least twice a day. When using cloth, the	
	cloth can be reused if it has been washed well, and dried in the sun or ironed.	
	0. Are not done	
	1. Explaining is not true or incomplete	
	2. Explain correctly and completely	
11.	Explain the discomfort associated with perineal sutures and how to treat them	
	(itching in the perineum, pain during activity, pain during elimination, treatment:	
	warm/cold compresses, keep the suture wound clean, Kaegel)	
	0. Are not done	
	1. Explaining is not true or incomplete	
	2. Explain correctly and completely	
12.	Explain the things that must be considered when caring for the perineum, namely:	
	a. Clean the perineal area at least twice a day or after every elimination.	
	b. Keep the perineum area clean and dry	
	c. Do Kegel exercises as often as possible to stimulate blood circulation around the	
	perineum, thereby speeding healing and improving muscle function.	
	0. Are not done	
	1. Explaining is not true or incomplete	
	2. Explain correctly and completely	
13.	Explains the recovery time for perineal tears / episiotomy wounds, which is 7 to 10	
	days	
	0. Are not done	
	1. Explaining incorrectly	
	2. Explain properly	
14.	Encourage mothers to consume nutritious food and drinks to speed up the healing	
	process	
	0. Are not done	
	1. Explaining incompletely	
	2. Explains in full with examples	
15.	Tested using media	
	3. Are not done	
	4. Using media but not effectively	
	5. Use media effectively and correctly	
16.	Tested provides the opportunity to ask questions, provide feedback	
	0. Are not done	
	1. Give clients the opportunity to ask what they don't understand and don't	
	immediately provide an answer	
	2. Provide the client with the opportunity to ask questions that are not understood and	
	immediately provide responses to the client's questions	
		·

17.	Conduct evaluation	
	0. Are not done	
	1. Asking whether it is clear or not, or asking the client to repeat himself but not	
	paying attention to whether it is correct or not.	
	2. Asking whether it is clear/not and asking the client to repeat it again, paying	
	attention to whether it is correct/wrong and correcting if there are errors	
Tota	l score content PERINEUM CARE PENKES IN THE POSTPARTUM PERIOD	
(max	ximum 24)	
	TECHNIQUE	
18.	Tested to do it systematically	
	0. Are not done	
	Perform some actions or not in sequence	
	2. Perform actions sequentially	
19.	Proven to apply infection prevention techniques	
	0. Are not done	
	Implementing inappropriate infection prevention techniques	
	Implement appropriate infection prevention techniques	
20.	Tested to communicate during the inspection	
	0. Are not done	
	1. Carry out communication but use language/words that are difficult for the client to	
	understand	
	2. Carry out communication in language that is easy for clients to understand	
21.	Tested using language that is easy to understand	
	0. Using language that the client does not understand	
	1. Some still use medical terms	
	2. Use language that is easy for clients to understand	
22.	Tested to pay attention to each answer	
	0. Are not done	
	Gives attention but does not provide reinforcement	
	2. Give attention and provide reinforcement	
23.	Maintain client privacy	
	0. Are not done	
	1. Maintain privacy by saying/demonstrating closing the door/simply covering it	
	2. Maintain privacy by saying and demonstrating closing the door/scoop	
24.	Tested to document the results of actions well	
	0. Are not done	
	1. Documenting the results of actions but not completely	
	2. Completely document the results of the action (date, time, content/results of the	
	action, signature, full name)	
25.	Tested in responding to cases and theories	
	0. Not mastering cases or theory	
	Only master cases or theories	
	2. Master theory and cases well	
Tota	l technical score (maximum 16)	
	CAL VALUE OF PERINEUM CARE EDUCATION IN THE POSTPARTUM	
PER	IOD	

Tools prepared: flip sheet

COMPETENCE	SHOES MAX	ACHIEVEME NT SCORE
Attitude	10	
Content:		
- Health Care Perineal Care during the Postpartum Period *	24	
Technique	16	
TOTAL PERINEUM CARE DURING THE POSTPARTUM PERIOD SCORES	50	

## 

## ASSESSMENT SHEET TREATMENT OF PERINEUM HEACTING WOUNDS

A	ATTITUDE	
N O	ITEMS TO BE ASSESSED	MARK
1.	Welcome and introduce yourself to clients in a friendly and polite manner	
	(greet, say name, smile)	
	0. Are not done	
	1. Done imperfectly	
	2. Perfectly done	
2.	Tested to invite clients to sit down and be communicative	
	0. Are not done	
	1. Done with just words	
	2. Done with speech and body language	
3.	Confident (calm, clear voice, fluent)	
	0. Looks nervous, doesn't make eye contact, voice is unclear	
	1. Hasty and looks hesitant	
	2. Look calm and act confidently	
4.	Carry out effective communication during inspections and actions	
	Criteria: Indonesian/culturally appropriate, eye contact, clear verbal, intonation	
	0. Are not done	
	1. Performed less than 3 criteria	
	2. Perfectly done	
5.	Provide a sense of empathy for clients	
	0. Are not done	
	1. Giving clients the opportunity to submit complaints does not respond well	
	2. Provide opportunities for clients to submit complaints and immediately provide	
	good responses	
Tota	ATTITUDE score (maximum 10)	
В	CONTENT	
	ATMENT OF PERINEUM HEACTING WOUNDS	
6.	Explain the aims and objectives	
	O. Are not done	
	1. Just explain the purpose/purpose	
	2. Explain the aims and objectives completely	
7.	Asking about client complaints	
	0. Are not done	
	1. Asking incorrectly	
	2. Ask properly	
8.	Prepare tools and place them ergonomically	
	0. Are not done	
	1. Done incorrectly	
	2. Done right	
9.	Washing hands	
	0. Are not done	
	1. Done incorrectly	
	2. Done right	
10.	Position the client in a dorsal recumbent position	
	0. Are not done	
	1. Done incorrectly	
	2. Done right	

11.	Install the butt pad
	0. Are not done
	1. Done incorrectly
	2. Done right
12.	Remove the client's panties and throw away the client's sanitary napkins
	0. Are not done
	1. Done incorrectly
	2. Done right
13.	Take DTT cotton and do vulva hygiene
15.	0. Are not done
	1. Done incorrectly
	2. Done right
14.	Dry with dry and clean gauze
,	0. Are not done
	1. Done incorrectly
	2. Done right
15.	Apply medicine to the perineal wound
10.	0. Are not done
	1. Done incorrectly
	2. Done right
16.	Putting on dry and clean underwear and pads
	0. Are not done
	1. Done incorrectly
	2. Done right
17.	Tidying up clients
	0. Are not done
	1. Done incorrectly
	2. Done right
18.	Clean up tools and trash
	0. Are not done
	1. Done incorrectly
	2. Done right
19.	Wash gloves in 5% chlorine solution and soak them upside down
	0. Not done
	1. Done incorrectly
	2. Done right
20.	Washing hands
	0. Not done
	1. Done incorrectly
	2. Done right
21.	Inform the results of the examination
	0. Not done
	1. Done incorrectly
	2. Done right
Tota	l score content PERINEUM HEACTING WOUND CARE (maximum 32)
	TECHNIQUE
22.	Tested to do it systematically
	0. Are not done
	Perform some actions or not in sequence
	Perform actions sequentially
23.	Proven to apply infection prevention techniques
	0. Are not done
	Implementing inappropriate infection prevention techniques
	2. Implement appropriate infection prevention techniques
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

24.	Tested to communicate during the inspection
	0. Are not done
	1. Carry out communication but use language/words that are difficult for the client to
	understand
	2. Carry out communication in language that is easy for clients to understand
25.	Tested using language that is easy to understand
	0. Using language that the client does not understand
	1. Some still use medical terms
	2. Use language that is easy for clients to understand
26.	Tested to pay attention to each answer
	0. Are not done
	Gives attention but does not provide reinforcement
	2. Give attention and provide reinforcement
27.	Maintain client privacy
	0. Are not done
	1. Maintain privacy by saying/demonstrating closing the door/simply covering it
	2. Maintain privacy by saying and demonstrating closing the door/scoop
28.	Tested to document the results of actions well
	0. Are not done
	Documenting the results of actions but not completely
	2. Completely document the results of the action (date, time, content/results of the
	action, signature, full name)
29.	Tested in responding to cases and theories
	0. Not mastering cases or theory
	1. Only master cases or theories
	2. Master theory and cases well
Tota	l technical score (maximum 16)
TOT	AL VALUE OF PERINEUM HEACTING WOUND TREATMENT

- Tools prepared:
  1. Foam cut (sewing wound)
  2. Carrier
- Underpants
   Bandage
   Cotton

- 6. Box
- 7. Betadine
- 8. Tweezers 29. Dirty cotton and gauze containers

COMPETENCE	SHOES MAX	ACHIEVEMEN T SCORE
Attitude	10	
Content:		
- Treatment of perineal heacting wounds	32	
Technique	16	
TOTAL PERINEUM HEACTING WOUND TREATMENT SCORE	58	

Total Achievement Score  VALUE = x 100 =  Maximum Total Score
Students are declared: Competent / Not Competent ( <b>cross out anything that doesn't apply</b> )
EVALUATOR

## **Clinical/Field/Laboratory Practice Module Format (5)**

1	Module theme	:	Basic midwifery skills procedures and education on midwifery care during the postpartum and breastfeeding
2	Course / Code	+-	period  Destructed and breastfooding midwifers 2009/Pd 5 015
3	Number of credits	+ :	Postnatal and breastfeeding midwifery care/ Bd.5.015  2 P
4	Time Allocation	:	2 x 170 minutes
5		:	
	Semester	:	
6	Objective	:	After completing this course, students are expected to be able to practice basic midwifery skill procedures and education on midwifery care during the postpartum and breastfeeding period.
7	Module Overview	:	In this module, we teach how to carry out basic midwifery skill procedures and education on midwifery care during the postpartum and breastfeeding period (ambulation and postpartum exercises).
8	Student Characteristics	:	This module is intended for third semester students of the DIII midwifery study program who have taken part in theoretical learning about the basic needs of the postpartum period and breastfeeding.
9	Competency Targets	:	Procedures for basic midwifery skills and education in midwifery care during the postpartum and breastfeeding period:  • Postpartum exercise  • Ambulation of postpartum mothers
10	Achievement Indicators	:	Students are able to practice basic midwifery skills procedures and education on midwifery care during the postpartum and breastfeeding period:  • Postpartum exercise  • Maternal ambulation
11	Learning materials	:	Attached
12	Learning strategies	:	Practical/demonstration and response forms of learning Tutorial/simulation learning method
13	Learning Support Facilities	:	Laboratory practice module Flip sheets and leaflets Checklist Simulated patient
14	Procedure (if required)	:	Practicum/simulation/demonstration in large groups Tutorial/redemonstration and response in small groups
15	Evaluation Method		Redemonstrasi
16	Valuation Method		Observation using a checklist
17	bibliography		<ul> <li>Wahyuningsih, WP. 2016. Bahan Ajar Kebidanan :         Asuhan Kebidanan Nifas dan Menyusui. Jakarta :         PUSDIKNAKES BPPSDM KES KEMENKES RI</li> <li>Modul Asuhan Kebidanan Nifas dan Menyusui.         2013. Pusdiknakes Badan PPSDM Kes         KEMENKES RI :         <ul> <li>Modul 1 : Adaptasi nifas</li> <li>Modul 2 : Kebutuhan dasar ibu masa nifas</li> <li>Modul 3 : Asuhan kebidanan masa nifas</li> <li>Modul 4 : Penyulit dan komplikasi masa nifas</li> </ul> </li> </ul>

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Prepared by	Checked by	Confirmed by
Course Coordinator	Study Program Secretary	Head of Department Representative
Spilot Batna Vuliani SST MTa Vah	for.	Program  REKTORAT JENDERAT TENAGA KESEHATAN  *  **  **  **  *  **  **  **  **  **
<u>Diki Retno Yuliani, SST, M.Tr. Keb</u> NIP. 198607122009122002	Puji Hastuti, Ahli (A),MH.Kes NIP.197502222008122001	NIP. 196504231988032002

#### BASIC NEEDS IN THE POSTPARTUM AND BREASTFEEDING PERIOD

#### A. Ambulation

- Postpartum mothers are encouraged to do so early ambulation, unless there are contraindications
- Early ambulation is a few hours after giving birth immediately getting up and moving to be stronger and better
- Ambulation is carried out in stages according to the mother's strength and complications during childbirth and postpartum
- Goals and benefits of early ambulation:
  - Improves blood circulation
  - Facilitates loca production
  - Prevents the risk of thrombophlebitis
  - Increases peristaltic function → prevents abdominal distension, constipation
  - Improves bladder function → prevents urinary disorders
  - Accelerates the recovery of the mother's strength, so that the mother feels healthier and stronger
  - Mothers can immediately care for their babies
- In normal labor and the mother's condition is normal → usually the mother is allowed to go to the toilet and shower with the help of another person 1-2 hours post partum
- Before that time mothers are asked to:
  - Deep breathing exercises
  - Simple leg exercises
  - Sit and swing your legs in bed
- In post-SC mothers → early ambulation starts at 24 36 hours post partum
- During the first ambulation the mother should be assisted → at this time the mother usually feels dizzy
- Midwife's role:
  - Explain to the mother the purpose and benefits of early ambulation
  - Motivate the mother to immediately carry out early ambulation, not just sitting in bed but also walking
  - Complaints of fatigue and pain in mothers must be addressed immediately, so that mothers are not reluctant to ambulate early

#### B. Postpartum exercise

Postpartum exercise consists of movements that are useful for tightening the muscles, especially the abdominal muscles which have become loose after pregnancy. Apart from that, postpartum exercise also has certain goals, including:

- 1. Reduces pain in the muscles
- 2. Improve blood circulation
- 3. Tightens the abdominal and perineal muscles
- 4. Facilitates lochea discharge
- 5. Accelerates involution
- 6. Prevents abnormalities, for example: embolism, thrombosis and others
- 7. To speed healing, prevent complications and improve the muscles of the back, pelvis and abdomen
- 8. Kegel exercise: to help heal perineal wounds
- 9. Relieves hemorrhoids and vulvar varicosities.
- 10.Improves control over urine
- 11. Relieve the feeling that "everything is falling apart."
- 12.Restores control over the sphincter muscles.

#### 13.Improve sexual response

Simple exercises on the 2nd day after delivery are:

- 1. The patient sleeps on his back, legs slowly raised as high as can be reached, alternating between left and right legs
- 2. The legs are lowered and the feet are rotated towards the outside of the bed, the heels are pressed against the bed
- 3. With the hands at the side, the sufferer takes a deep breath through the stomach (do not inflate the chest) counting to 15 while lying on his back, chin lowered to touch the chest, without using other parts.
- 4. By sleeping on your back, your arms are folded across your chest or pressed against the bed and then slowly just sit with your legs extended close and straight.

On the 3rd day and beyond, lift both legs at once, straight up as high as you can reach. The rest of the order is the same. When exercising, do not use pillows. If the mother's condition is good, this exercise can be done 3-4 times a day, for example when she wakes up in the morning, in the afternoon and at night, adding 1 more each day until finally up to 10 times a day.

Factors in the mother's readiness to start post partum exercise:

- 1. The level of freshness of the body before the birth of the baby
- 2. Whether she has experienced a long and difficult labor or not
- 3. Is the baby easy to serve or fussy in asking for care?
- 4. Difficult post partum adjustments for some reason

#### Postpartum exercise:

1. Strengthens the pelvic floor

The first, best and safest exercise to strengthen the pelvic floor is Kegel exercises. Immediately do Kegel exercises on the first day post partum if possible. Although it is sometimes difficult to easily activate these pelvic floor muscles during the first day or two, encourage mothers to try anyway.

2. Tighten the abdominal muscles:

The abdominal muscles after childbirth show the most obvious need for attention. Restoring the tone of the abdominal muscles is the main goal of exercise in the post partum period. Restored and strengthened abdominal muscles are essential for supporting the lower back, the weakest link in the human body's skeleton.

It is important to check whether there is separation of the abdominal muscles (diastasis) before starting abdominal exercises. Delay bending and lifting the leg if there is severe diastasis

#### Explanation of exercise for mothers;

Repeat the exercise movements 2-5 times. Relax and breathe deeply when doing this exercise.

Phase I (first days post partum)

1. Kegel exercises: (for the pelvic floor)

Do this exercise anytime, anywhere. No one will know or see you doing it. Do it 1 -100 times a day. To contract this pair of muscles, imagine that you are urinating and then you suddenly hold it in the middle: Or imagine that the pelvic floor is an elevator, slowly you move it up to the 2nd floor and then to the 3rd floor and so on, and then come back down slowly. That's how to train these muscles. Using visualization and concentrating on the muscle, lift and pull in, press and hold, then slowly lower and release.

2. Abdominal tightening on exhalation: (for the abdomen)

Lie down or lie on your side, knees bent, hands on your stomach. When you exhale, pull your abdominal muscles in until your lungs feel empty. Count 3 long times, then release. Breathe in slowly and deeply until you feel your stomach rise

3. Pelvic tilt: (for lower back, abdomen)

Lie down, with your knees bent. Rotate your pelvis by flattening your lower back to the floor by eliminating the hollow part. Contract your abdominal muscles as you exhale and tighten your buttocks. Let your pelvis tilt upwards. Hold for a long count of 3 then release

4. Ankle loop: (for circulation and comfort)

With the leg raised or the sole of the foot above the knee, bend the ankle as far as possible, the toes look up and then point down while bending the leg. Then do a big circular ankle movement slowly first in one direction then in the opposite direction

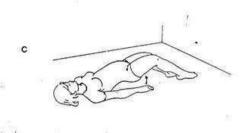
Phase II: Add this exercise if it feels comfortable (usually on days 2-7

- 1. Shoulders rolled and arms extended: for posture and upper back tension relief While you are sitting, raise your arms to shoulder height, bend your elbows above your shoulders. Turn it both ways. Then raise both arms above your head, alternately lifting one higher than the other (as if you were picking apples from a tree). This exercise can also be done while standing
- 2. Stretches for abdominal posture and comfort
  Lie down with your legs slightly elevated on a short stool, the edge of the bed or a coffee
  table. Contract the abdominal wall and the butt slowly raise the hips away from the floor
  until the body and legs are in a straight line. Do not bend your back. Remember to breathe.

## ASSESSMENT SHEET HEALTH EDUCATION ON POSTPARTUM EXERCISES

A	ATTITUDE	
N O	ITEMS TO BE ASSESSED	MARK
1.	Welcome and introduce yourself to clients in a friendly and polite manner (greet, say name, smile)  0. Are not done	
	<ol> <li>Done imperfectly</li> <li>Perfectly done</li> </ol>	
2.	Tested to invite clients to sit down and be communicative	
	0. Are not done	
	1. Done with just words	
3.	Done with speech and body language     Confident (calm, clear voice, fluent)	
٥.	0. Looks nervous, doesn't make eye contact, voice is unclear	
	Hasty and looks hesitant	
	2. Look calm and act confidently	
4.	Carry out effective communication during inspections and actions	
	Criteria: Indonesian/culturally appropriate, eye contact, clear verbal, intonation	
	0. Are not done	
	1. Performed less than 3 criteria	
	2. Perfectly done	
5.	Provide a sense of empathy for clients	
	0. Are not done	
	1. Giving clients the opportunity to submit complaints does not respond well	
	2. Provide opportunities for clients to submit complaints and immediately provide good responses	
Tota	l ATTITUDE score (maximum 10)	
В	CONTENT	
	ALTH EDUCATION ON POLLUTION EXERCISES	
6.	Explain the aims and objectives	
	0. Are not done	
	1. Just explain the intent or purpose	
	2. Explain the purpose and objectives of the action	
7.	Apperception of the extent of the client's knowledge about postpartum exercise	
	0. Are not done	
	1. Asking the client about the importance of postpartum exercise that he knows and	
	blaming him because what he said was wrong	
	2. Ask the client about the importance of postpartum exercise that he knows and do not	
8.	blame him if what is said is wrong  Explain the purpose and benefits of postpartum exercise:	
0.		
	✓ Tighten the joint back into place	
	✓ Improves abdominal muscle tension	
	For pelvic floor relaxation	
	✓ Improves hip muscle tone	
	✓ Improve blood circulation	
	✓ Improves leg muscle tension	
	✓ Increase the ability to deal with stress	
	0. Are not done	
	<ol> <li>Are not done</li> <li>Explaining is not true or incomplete (&lt; 5)</li> <li>Explain correctly and completely (≥ 5)</li> </ol>	

9.	Explain the requirements for postpartum exercise (healthy and done after 6 hours	
	of labor)	
	0. Are not done	
	1. Explaining is not true or incomplete	
	Explain correctly and completely	
10.	Explain contraindications for postpartum exercise (anemia, bleeding, heart and	
	lung disease, pain in the back and pubis)	
	0. Are not done	
	1. Explains incompletely (< 3)	
	2. Explain completely (≥ 3)	
11.	First day	
	Position your body supine and relaxed, then do abdominal breathing, starting by	
	taking a breath through your nose and holding it for the count of 5 or 8, then exhale	
	through your mouth. Do this up to 5-10 times.	
	100	
	2 (*)	
	A	
	(15) J 19	
	Rationalization:	
	After giving birth, blood circulation and breathing have not returned to normal. This	
	breathing exercise is aimed at improving blood circulation and breathing. All organs in	
	the body will be properly oxygenated, which will help the body's recovery process.	
	O Ara not done	
1	0. Are not done	
	Are not done     Explaining and demonstrating incorrectly	
N	<ol> <li>Explaining and demonstrating incorrectly</li> <li>Explain and demonstrate correctly with rationalization</li> </ol>	MARK
О	Explaining and demonstrating incorrectly     Explain and demonstrate correctly with rationalization     ITEMS TO BE ASSESSED	MARK
	Explaining and demonstrating incorrectly     Explain and demonstrate correctly with rationalization     ITEMS TO BE ASSESSED  Day Two	MARK
О	Explaining and demonstrating incorrectly     Explain and demonstrate correctly with rationalization  ITEMS TO BE ASSESSED  Day Two Position your body supine but open your arms wide until they are parallel to your	MARK
О	Explaining and demonstrating incorrectly     Explain and demonstrate correctly with rationalization  ITEMS TO BE ASSESSED  Day Two Position your body supine but open your arms wide until they are parallel to your shoulders, then bring your hands together directly above your face. Do this	MARK
О	Explaining and demonstrating incorrectly     Explain and demonstrate correctly with rationalization  ITEMS TO BE ASSESSED  Day Two Position your body supine but open your arms wide until they are parallel to your	MARK
О	Explaining and demonstrating incorrectly     Explain and demonstrate correctly with rationalization  ITEMS TO BE ASSESSED  Day Two Position your body supine but open your arms wide until they are parallel to your shoulders, then bring your hands together directly above your face. Do this	MARK
О	Explaining and demonstrating incorrectly     Explain and demonstrate correctly with rationalization  ITEMS TO BE ASSESSED  Day Two Position your body supine but open your arms wide until they are parallel to your shoulders, then bring your hands together directly above your face. Do this movement up to 5-10 times.	MARK
О	Explaining and demonstrating incorrectly     Explain and demonstrate correctly with rationalization  ITEMS TO BE ASSESSED  Day Two Position your body supine but open your arms wide until they are parallel to your shoulders, then bring your hands together directly above your face. Do this movement up to 5-10 times.	MARK
О	Explaining and demonstrating incorrectly     Explain and demonstrate correctly with rationalization  ITEMS TO BE ASSESSED  Day Two Position your body supine but open your arms wide until they are parallel to your shoulders, then bring your hands together directly above your face. Do this movement up to 5-10 times.	MARK
О	Explaining and demonstrating incorrectly     Explain and demonstrate correctly with rationalization  ITEMS TO BE ASSESSED  Day Two Position your body supine but open your arms wide until they are parallel to your shoulders, then bring your hands together directly above your face. Do this movement up to 5-10 times.	MARK
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О	Explaining and demonstrating incorrectly     Explain and demonstrate correctly with rationalization  ITEMS TO BE ASSESSED  Day Two Position your body supine but open your arms wide until they are parallel to your shoulders, then bring your hands together directly above your face. Do this movement up to 5-10 times.	MARK
О	1. Explaining and demonstrating incorrectly 2. Explain and demonstrate correctly with rationalization  ITEMS TO BE ASSESSED  Day Two Position your body supine but open your arms wide until they are parallel to your shoulders, then bring your hands together directly above your face. Do this movement up to 5-10 times.	MARK
О	1. Explaining and demonstrating incorrectly 2. Explain and demonstrate correctly with rationalization  ITEMS TO BE ASSESSED  Day Two Position your body supine but open your arms wide until they are parallel to your shoulders, then bring your hands together directly above your face. Do this movement up to 5-10 times.  Rationalization:	MARK
О	1. Explaining and demonstrating incorrectly 2. Explain and demonstrate correctly with rationalization  ITEMS TO BE ASSESSED  Day Two  Position your body supine but open your arms wide until they are parallel to your shoulders, then bring your hands together directly above your face. Do this movement up to 5-10 times.  Rationalization:  This exercise is aimed at strengthening the muscles in the arms and shoulders and	MARK
О	1. Explaining and demonstrating incorrectly 2. Explain and demonstrate correctly with rationalization  ITEMS TO BE ASSESSED  Day Two Position your body supine but open your arms wide until they are parallel to your shoulders, then bring your hands together directly above your face. Do this movement up to 5-10 times.  Rationalization: This exercise is aimed at strengthening the muscles in the arms and shoulders and improving circulation in the arm and shoulder area.	MARK
О	1. Explaining and demonstrating incorrectly 2. Explain and demonstrate correctly with rationalization  ITEMS TO BE ASSESSED  Day Two Position your body supine but open your arms wide until they are parallel to your shoulders, then bring your hands together directly above your face. Do this movement up to 5-10 times.  Rationalization: This exercise is aimed at strengthening the muscles in the arms and shoulders and improving circulation in the arm and shoulder area.  O. Are not done	MARK
О	1. Explaining and demonstrating incorrectly 2. Explain and demonstrate correctly with rationalization  ITEMS TO BE ASSESSED  Day Two Position your body supine but open your arms wide until they are parallel to your shoulders, then bring your hands together directly above your face. Do this movement up to 5-10 times.  Rationalization:  This exercise is aimed at strengthening the muscles in the arms and shoulders and improving circulation in the arm and shoulder area.  O. Are not done  1. Explaining and demonstrating incorrectly	MARK
12.	1. Explaining and demonstrating incorrectly 2. Explain and demonstrate correctly with rationalization  ITEMS TO BE ASSESSED  Day Two Position your body supine but open your arms wide until they are parallel to your shoulders, then bring your hands together directly above your face. Do this movement up to 5-10 times.  Rationalization:  This exercise is aimed at strengthening the muscles in the arms and shoulders and improving circulation in the arm and shoulder area.  O. Are not done  1. Explaining and demonstrating incorrectly 2. Explain and demonstrate correctly with rationalization	MARK
О	1. Explaining and demonstrating incorrectly 2. Explain and demonstrate correctly with rationalization  ITEMS TO BE ASSESSED  Day Two Position your body supine but open your arms wide until they are parallel to your shoulders, then bring your hands together directly above your face. Do this movement up to 5-10 times.  Rationalization: This exercise is aimed at strengthening the muscles in the arms and shoulders and improving circulation in the arm and shoulder area.  O. Are not done 1. Explaining and demonstrating incorrectly 2. Explain and demonstrate correctly with rationalization  The third day	MARK
12.	1. Explaining and demonstrating incorrectly 2. Explain and demonstrate correctly with rationalization  ITEMS TO BE ASSESSED  Day Two Position your body supine but open your arms wide until they are parallel to your shoulders, then bring your hands together directly above your face. Do this movement up to 5-10 times.  Rationalization: This exercise is aimed at strengthening the muscles in the arms and shoulders and improving circulation in the arm and shoulder area.  0. Are not done 1. Explaining and demonstrating incorrectly 2. Explain and demonstrate correctly with rationalization  The third day The posture of the body is supine but the legs are slightly bent so that the soles of	MARK
12.	1. Explaining and demonstrating incorrectly 2. Explain and demonstrate correctly with rationalization  ITEMS TO BE ASSESSED  Day Two Position your body supine but open your arms wide until they are parallel to your shoulders, then bring your hands together directly above your face. Do this movement up to 5-10 times.  Rationalization: This exercise is aimed at strengthening the muscles in the arms and shoulders and improving circulation in the arm and shoulder area.  O. Are not done 1. Explaining and demonstrating incorrectly 2. Explain and demonstrate correctly with rationalization  The third day The posture of the body is supine but the legs are slightly bent so that the soles of the feet touch the floor. Then lift the mother's ass and hold it until the 3rd or 5th	MARK
12.	1. Explaining and demonstrating incorrectly 2. Explain and demonstrate correctly with rationalization  ITEMS TO BE ASSESSED  Day Two Position your body supine but open your arms wide until they are parallel to your shoulders, then bring your hands together directly above your face. Do this movement up to 5-10 times.  Rationalization: This exercise is aimed at strengthening the muscles in the arms and shoulders and improving circulation in the arm and shoulder area.  0. Are not done 1. Explaining and demonstrating incorrectly 2. Explain and demonstrate correctly with rationalization  The third day The posture of the body is supine but the legs are slightly bent so that the soles of	MARK



#### **Rationalization:**

This exercise is aimed at strengthening the pelvic floor muscles, which previously worked hard during pregnancy and childbirth.

- 0. Are not done
- 1. Explaining and demonstrating incorrectly
- 2. Explain and demonstrate correctly with rationalization

#### 14. Fourth Day

Position your upper body supine and legs bent  $\pm$  45° then one hand holds the stomach, then lift the mother's body  $\pm$  45° and hold until the count of 3 or 5. Do this movement 5-10 times.



#### **Rationalization:**

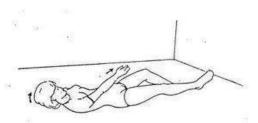
This exercise is aimed at recovering and strengthening the back muscles.

- 0. Are not done
- 1. Explaining and demonstrating incorrectly
- 2. Explain and demonstrate correctly with rationalization

N		
T.4	ITEMS TO BE ASSESSED	MARK
$\mathbf{\Lambda}$	ITEMS TO BE ASSESSED	MAKK

#### 15. Day Five

Keep your body supine, then bend one  $\log \pm 45^{\circ}$ , then raise your body and the hand opposite the bent leg, making sure your hand touches your knee. This movement is done alternately with the other leg and hand. Do this up to 5-10 times.



#### **Rationalization:**

This exercise aims to simultaneously train the body muscles, including the back muscles, abdominal muscles and thigh muscles.

- 0. Are not done
- 1. Explaining and demonstrating incorrectly
- 2. Explain and demonstrate correctly with rationalization

1.0	The Cinds Den					
16.						
	Position your body on your back then pull your legs so that your thighs form an apple of + 45° do this elternately with the other leg. Do it 5, 10 times					
	angle of $\pm$ 45°, do this alternately with the other leg. Do it 5-10 times.					
	Rationalization:					
	This exercise is aimed at strengthening the muscles in the legs which during pregnancy					
	support very heavy loads and improve circulation in the leg area thereby reducing the					
	risk of leg edema.					
	0. Are not done					
	Explaining and demonstrating incorrectly					
	2. Explain and demonstrate correctly with rationalization					
17.	Checking the client's vital signs after doing exercise (BP, S, Respiration, Pulse)					
	0. Are not done					
	1. Doing less complete					
	2. Do it completely					
18.	Tested provides the opportunity to ask questions, provide feedback					
	0. Are not done					
	1. Give clients the opportunity to ask what they don't understand and don't immediately					
	provide an answer					
	2. Provide the client with the opportunity to ask questions that are not understood and					
	immediately provide responses to the client's questions					
19.	Conduct evaluation					
	0. Are not done					
	1. Asking whether it is clear or not, or asking the client to repeat himself but not paying					
	attention to whether it is correct or not.					
	2. Asking whether it is clear/not and asking the client to repeat it again, paying					
Tota	attention to whether it is correct/wrong and correcting if there are errors					
Tota	l score content of PENKES SENAM NIFAS (maximum 28)					
	TECHNIQUE					
20.	Tested to do it systematically					
	0. Are not done					
	1. Perform some actions or not in sequence					
	2. Perform actions sequentially					
21.	Proven to apply infection prevention techniques					
	0. Are not done					
	1. Implementing inappropriate infection prevention techniques					
22	2. Implement appropriate infection prevention techniques					
22.	Tested to communicate during the inspection					
	0. Are not done					
	1. Carry out communication but use language/words that are difficult for the client to					
	understand  Corry out communication in language that is easy for clients to understand					
23.	2. Carry out communication in language that is easy for clients to understand  Tested using language that is easy to understand					
۷۵.	Tested using language that is easy to understand  0. Using language that the client does not understand					
	Some still use medical terms					
	2. Use language that is easy for clients to understand					
L	2. One ranguage that is easy for chemic to anderstand					

24.	Tested to pay attention to each answer				
	O. Are not done				
	1. Gives attention but does not provide reinforcement				
	2. Give attention and provide reinforcement				
25.	Maintain client privacy				
	0. Are not done				
	1. Maintain privacy by saying/demonstrating closing the door/simply covering it				
	2. Maintain privacy by saying and demonstrating closing the door/scoop				
26.	Tested to document the results of actions well				
	0. Are not done				
	1. Documenting the results of actions but not completely				
	2. Completely document the results of the action (date, time, content/results of the				
	action, signature, full name)				
27.	Tested in responding to cases and theories				
	0. Not mastering cases or theory				
	1. Only master cases or theories				
	2. Master theory and cases well				
Tota	l technical score (maximum 16)				
TOT	AL VALUE OF POST-PARTMENTAL EXERCISES POST-PARTMENT MEN				

- Tools prepared:1. T-shirts and training2. Mat or mat for exercise

COMPETENCE	SHOES MAX	ACHIEVEMEN T SCORE
Attitude	10	
Content:		
- Postpartum Gymnastics Health Director *	28	
Technique	16	
TOTAL POTENTIAL GYMNASTICS SCORE	54	

Total Achievement Score	
VALUE = x 100 =	
Maximum Total Score	
Students are declared: Competent / Not Competent (cross out an apply)	ything that doesn't
EVALUA	

## ASSESSMENT SHEET AMBULATION IN THE POSTPARTUM PERIOD

A	ATTITUDE	
N O	ITEMS TO BE ASSESSED	MARK
1.	Welcome and introduce yourself to clients in a friendly and polite manner	
	(greet, say name, smile)	
	0. Are not done	
	1. Done imperfectly	
	2. Perfectly done	
2.	Tested to invite clients to sit down and be communicative	
	0. Are not done	
	1. Done with just words	
	2. Done with speech and body language	
3.	Confident (calm, clear voice, fluent)	
	0. Looks nervous, doesn't make eye contact, voice is unclear	
	1. Hasty and looks hesitant	
	2. Look calm and act confidently	
4.	Carry out effective communication during inspections and actions	
	Criteria: Indonesian/culturally appropriate, eye contact, clear verbal, intonation	
	0. Are not done	
	1. Performed less than 3 criteria	
	2. Perfectly done	
5.	Provide a sense of empathy for clients	
	0. Are not done	
	1. Giving clients the opportunity to submit complaints does not respond well	
	2. Provide opportunities for clients to submit complaints and immediately provide	
- TED .	good responses	
	l ATTITUDE score (maximum 10)	
В	CONTENT	
AMI	BULATION IN POLLEY WOMEN	
6.	Explain the aims and objectives	
	O. Are not done	
	1. Just explain the purpose/purpose	
	2. Explain the aims and objectives completely	
7.	Ask about the mother's condition and pay attention to her face (tiredness, paleness,	
	pain, edema)	
	0. Are not done	
	1. Asking is not clear	
	2. Ask clearly	
8.	Ask whether the mother has ambulated	
	0. Are not done	
	1. Asking is not correct	
	2. Ask completely	
9.	Explain when to ambulate for postpartum mothers: ambulation can be done as	
	early as possible unless there are contraindications, it is done gradually according	
	to the mother's strength	
	0. Are not done	
	1. Explaining is not true or incomplete	
10	2. Explain correctly and completely	
10.	Tested to help clients sit up in bed	
<u> </u>	- Advise the client to place his hands beside the body, with the palms facing down	

	- Stand next to the bed and place your hand on the patient's shoulder					
	- Helping clients to sit and providing support/pillows					
	0. Are not done					
	1. perform incorrectly or incompletely					
	2. perform correctly and completely					
11.	Tested to help clients get down and stand					
	- Set the wheelchair/bed in the locked position					
	- Stand facing the patient with both legs stretched					
	- Flex your knees and hips					
	- Encourage the client to place both hands on our shoulders, and place your hands					
	on the right and left side of the client's waist					
	- Encourage the client to get down and stand, when the client sets foot on the floor					
	our knees hold the client's knees					
	- Helps stand up straight					
	0. Are not done					
	1. perform incorrectly or incompletely					
	2. perform correctly and completely					
12.	Tested to help walking					
	- Encourage the client to hold the side of the body or the palm of our hand					
	- Stand next to the client and place your palms and forearms on the client's shoulders					
	- Helping clients to walk					
	0. Are not done					
	1. Execute less correctly					
	2. Execute correctly					
Tota	l score content AMBULATION IN POSTPARTUM WOMEN (maximum 28)					
	TECHNIQUE					
13.	Tested to do it systematically					
	0. Are not done					
	1. Perform some actions or not in sequence					
	2. Perform actions sequentially					
14.	Proven to apply infection prevention techniques					
	0. Are not done					
	Implementing inappropriate infection prevention techniques					
	2. Implement appropriate infection prevention techniques					
15.	Tested to communicate during the inspection					
	0. Are not done					
	1. Carry out communication but use language/words that are difficult for the client to					
	understand					
	2. Carry out communication in language that is easy for clients to understand					
16.	Tested using language that is easy to understand					
	0. Using language that the client does not understand					
	Some still use medical terms					
	2. Use language that is easy for clients to understand					
17.	Tested to pay attention to each answer					
	0. Are not done					
	1. Gives attention but does not provide reinforcement					
10	2. Give attention and provide reinforcement					
18.	Maintain client privacy					
	0. Are not done					
	1. Maintain privacy by saying/demonstrating closing the door/simply covering it					
	2. Maintain privacy by saying and demonstrating closing the door/scoop					
19.	Tested to document the results of actions well					
	0. Are not done					
	Documenting the results of actions but not completely					
	2. Completely document the results of the action (date, time, content/results of the					
	action, signature, full name)					

20. Tested in responding to cases and theories			
	0. Not mastering cases or theory		
	1. Only master cases or theories		
	2. Master theory and cases well		
Total	Total technical score (maximum 16)		
TOT	TOTAL VALUE OF AMBULATION IN POSTPARTUM WOMEN		

Tools needed: flip sheet

COMPETENCE	SHOES MAX	ACHIEVEME NT SCORE
Attitude	10	
Content:		
Health care ambulation during the postpartum period	14	
Technique	16	
TOTAL AMBULATION SCORES IN POSTPARTUM WOMEN	40	

Total Achievement Score  VALUE = x 100 =  Maximum Total Score
Students are declared: Competent / Not Competent (cross out anything that doesn't apply)
EVALUATOR

## **Clinical/Field/Laboratory Practice Module Format (6)**

1	Module theme	:	Basic midwifery skills procedures and education on	
			midwifery care during the postpartum and breastfeeding	
			period	
2	Course / Code	:	Postnatal and breastfeeding midwifery care/ Bd.5.015	
3	Number of credits	:	2 P	
4	Time Allocation	:	2 x 170 minutes	
5	Semester	:	III	
6	Objective	:	After completing this course, students are expected to	
			be able to practice basic midwifery skill procedures and	
			education on midwifery care during the postpartum and	
7	N 11 0	-	breastfeeding period.	
7	Module Overview	:	This module teaches you how to practice basic	
			midwifery skills procedures and education on	
			midwifery care during the postpartum and breastfeeding	
8	Ctorday Characteristics	1.	period (rest, sexual intercourse and family planning)	
0	Student Characteristics	:	This module is intended for third semester students of	
			the DIII midwifery study program who have taken part	
			in theoretical learning about the basic needs of the	
9	Competency Targets	1:	postpartum period and breastfeeding.  Procedures for basic midwifery skills and education in	
)	Competency Targets	•	midwifery care during the postpartum and breastfeeding	
			period:	
			Education on sexual health and family planning for	
			postpartum mothers	
			Health education on postpartum mothers' rest	
			needs	
10	Achievement Indicators		Students are able to practice basic midwifery skills	
	110110 ( 01110110 1110101010		procedures and education on midwifery care during the	
			postpartum and breastfeeding period:	
			Education on sexual health and family planning for	
			postpartum mothers	
			Health education on postpartum mothers' rest	
			needs	
11	Learning materials	:	Attached	
12	Learning strategies	:	Practical/demonstration and response forms of learning	
			Tutorial/simulation learning method	
13	Learning Support Facilities	:	Laboratory practice module	
			Flip sheets and leaflets	
			Checklist	
		_	Simulated patient	
14	Procedure (if required)	:	Practicum/simulation/demonstration in large groups	
4 -			Tutorial/redemonstration and response in small groups	
15	Evaluation Method	-	Redemonstrasi	
16	Valuation Method	-	Observation using a checklist	
17	bibliography		Wahyuningsih, WP. 2016. Bahan Ajar Kebidanan :	
			Asuhan Kebidanan Nifas dan Menyusui. Jakarta :	
			PUSDIKNAKES BPPSDM KES KEMENKES RI	
			Modul Asuhan Kebidanan Nifas dan Menyusui.	
			2013. Pusdiknakes Badan PPSDM Kes	
			KEMENKES RI :	

<ul> <li>Modul 1 : Adaptasi nifas</li> </ul>
<ul> <li>Modul 2 : Kebutuhan dasar ibu masa nifas</li> </ul>
<ul> <li>Modul 3 : Asuhan kebidanan masa nifas</li> </ul>
Modul 4 : Penyulit dan komplikasi masa nifas
Modul praktikum 1 : petunjuk praktikum nifas
Modul praktikum 2 : petunjuk praktikum nifas
➤ KEMENKES RI. 2019. Panduan Pelayanan Pasca
Persalinan bagi Ibu dan Bayi baru lahir. Jakarta :
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➤ KEMENKES RI. 2013. Buku Saku Pelayanan
Kesehatan Ibu di Fasilitas Kesehatan Dasar dan
Rujukan. Jakarta : KEMENKES RI
> PUSDIKNAKES. 2015. Buku Ajar Kesehatan Ibu
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➤ KEMENKES RI. 2014. Pegangan Fasilitator Kelas
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➤ KEMENKES RI. 2020. Buku Kesehatan Ibu dan
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Yuliani, DR. Sumiyati. Winarso, SP. 2021. Modul
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➤ KEMENKES RI. 2020. Pedoman bagi Ibu Hamil, Bersalin, Nifas dan Bayi Baru Lahir di Era Pandemi
COVID-19 Revisi 1. Jakarta : KEMENKES RI
Sentra Laktasi Indonesia. Buku Saku Bantuan
Menyusui pada Situasi Bencana
<ul> <li>Jan M. Kriebs, Helen Varney, Carolyn L. Gegor.</li> </ul>
2007. Buku ajar asuhan kebidanan vol.2
Saifudin A.B et al (2009) Buku Acuan Nasional
Pelayanan Kesehatan, Jakarta
F. Garry Cunningham, William Obstetri, 2010
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Harry Oxorn, Ilmu Kebidanan : Patologi dan
Fisiologi Persalinan, Yayasan Essentia Medica,
2007

Prepared by	Checked by	Confirmed by
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#### BASIC NEEDS IN THE POSTPARTUM AND BREASTFEEDING PERIOD

#### A. Rest

Postpartum mothers need adequate rest and sleep, because rest is very important for breastfeeding mothers. After experiencing a pregnancy for nine months with a very heavy burden and many other disturbing conditions and a labor process that is very tiring for the mother, the mother needs adequate rest to recover her condition. This rest can take the form of a nap or sleep at night.

However, the joy experienced after giving birth to a baby can make it difficult for mothers to rest. New mothers often worry about their ability to care for their babies or often experience pain. This can make it difficult to sleep. In the following days, demands from the baby, environmental influences and hospital routines will also disrupt the mother's sleep patterns. Interventions must be planned to meet the mother's need for sleep and rest. Back rubs, other pleasurable activities, and sleeping pills may be necessary for the first few nights. Advise the mother to return to her daily routine slowly, and rest/sleep while the baby sleeps. Hospital and nursing routines can also be adjusted to meet individual needs. Additionally, nurses can help these families limit visitors and provide a comfortable chair or bed for the couple.

Lack of rest will affect the mother in several ways, namely:

- · Reduces the amount of breast milk produced
- Slows the process of uterine involution and increases bleeding
- Causes depression and inability to care for the baby and oneself.

#### B. Sexual intercourse

Post-partum sexual relations often become a concern for mothers and families. It is necessary to discuss starting pregnancy and repeating it post partum based on the culture and beliefs of the mother and family. Low maternal sexual desire is caused by low hormone levels, adaptation to new roles, fatigue (lack of rest and sleep) is also influenced by the degree of perineal rupture and a decrease in steroid hormones after delivery.

It is physically safe to begin sexual intercourse once the red blood stops and the mother can insert one or two fingers into the vagina without pain. Once the red blood stops and he doesn't feel any discomfort, it's safe to start having sex whenever you're ready.

Many cultures have a tradition of postponing husband and wife relations until a certain period of time, for example after 40 days or 6 weeks after giving birth. The decision depends on the couple in question.

#### C. Post partum family planning services

Ideally the couple should wait at least 2 years before the mother becomes pregnant again. Each couple must decide for themselves when and how they want to plan their family. But health workers can help their families plan by teaching them about how to prevent unwanted pregnancies.

Usually a woman will not produce eggs (ovulate) until she has her period again during menstruation. Therefore, the lactational amenorrhea method can be used before the first menstruation returns to prevent a new pregnancy. The risk of this method is 2% of pregnancy. Even though some birth control methods contain risks, using contraception is still safer, especially if the mother is menstruating again.

Before using a birth control method, the following things should be explained to the mother first:

- How this method can prevent pregnancy and its effectiveness
- The advantages/advantages
- The downside
- Side effects
- How to use that method
- When can this method be used for postpartum women who are breastfeeding?

If a mother/partner already has a particular birth control method, it is a good idea to meet with her again in two weeks to see if there is anything the mother/partner would like to ask and to see if the method is working well.

# ASSESSMENT SHEET HEALTH EDUCATION ON SEXUAL RELATIONS AND FP DURING THE POSTPARTUM PERIOD

A	ATTITUDE	
N O	ITEMS TO BE ASSESSED	MARK
1.	Welcome and introduce yourself to clients in a friendly and polite manner	
	(greet, say name, smile)	
	0. Are not done	
	1. Done imperfectly	
	2. Perfectly done	
2.	Tested to invite clients to sit down and be communicative	
	0. Are not done	
	1. Done with just words	
2	2. Done with speech and body language	
3.	Confident (calm, clear voice, fluent)	
	0. Looks nervous, doesn't make eye contact, voice is unclear	
	Hasty and looks hesitant	
4	2. Look calm and act confidently	
4.	Carry out effective communication during inspections and actions	
	Criteria: Indonesian/culturally appropriate, eye contact, clear verbal, intonation  0. Are not done	
	1. Performed less than 3 criteria	
	2. Perfectly done	
5.	Provide a sense of empathy for clients	
٥.	0. Are not done	
	Giving clients the opportunity to submit complaints does not respond well	
	2. Provide opportunities for clients to submit complaints and immediately provide	
	good responses	
Tota	l ATTITUDE score (maximum 10)	
В	CONTENT	
	LTH EDUCATION FOR SEXUAL RELATIONS AND CONTRACT IN THE TPARTUM PERIOD	
N O	ITEMS TO BE ASSESSED	MARK
6.	Explain the aims and objectives	
	0. Are not done	
	1. Just explain the intent or purpose	
	2. Explain the purpose and objectives of the action	
7.	Apperception of client knowledge about sexual relations and birth control during	
	the postpartum period	
	0. Are not done	
	1. Asking the client about the importance of sexual relations and birth control during	
	the postpartum period which he knows and blaming him because what he said is	
	wrong	
	2. Ask the client about sexual relations and birth control during the postpartum period	
0	that he knows about and do not blame him if what is said is wrong	
8.	Explains the conditions that must be met before sexual intercourse after the mother gives birth (after there is no vaginal discharge, physically and psychologically	
	ready)	
	0. Are not done	
	1. Explains incompletely	
	2. Explains in full	
9.	Explains in run  Explains the importance of using contraception for mothers after giving birth:	

	- Prevent pregnancy	
	- Maintain breast milk production	
	- Mothers can control their reproductive health	
	- A mother can give her full love to her baby	
	0. Are not done	
	1. Explaining incorrectly or incompletely (< 3)	
	<ol> <li>Explain correctly and completely (≥ 3)</li> </ol>	
10.	Explain the various types of contraception that are suitable for postpartum mothers	
	who are breastfeeding:	
	- MAL (Lactational Amenorrhea Method): contraception that relies exclusively	
	on breastfeeding	
	- Implant / AKBK (Under-Skin Contraceptive Device): contraceptive that is	
	placed under the skin, contains the hormone progestin	
	- IUD / IUD (Intrauterine Contraceptive Device): a contraceptive that is installed	
	in the mother's uterine cavity	
	- Progesterone injection birth control: hormonal contraception containing the	
	hormone progesterone, injected every 3 months	
	- Progesterone birth control pills / Mini pills: hormonal contraceptives containing	
	the hormone progesterone	
	- Condom	
	0. Are not done	
	1. Explaining incorrectly or incompletely (< 5)	
	2. Explain correctly and completely (≥ 5)	
11.	Ask about cultural factors or traditions related to sexual relations and family	
	planning after giving birth	
	0. Are not done	
10	2. Done	
12.	Tested provides the opportunity to ask questions, provide feedback	
	0. Are not done  1. Give aligned the approximate to calculate their don't understand and don't immediately.	
	1. Give clients the opportunity to ask what they don't understand and don't immediately	
	provide an answer  2. Provide the client with the opportunity to ask questions that are not understood and	
	immediately provide responses to the client's questions	
13.	Conduct evaluation	
13.	0. Are not done	
	1. Asking whether it is clear or not, or asking the client to repeat himself but not paying	
	attention to whether it is correct or not.	
	2. Asking whether it is clear/not and asking the client to repeat it again, paying	
	attention to whether it is correct/wrong and correcting if there are errors	
Tota	I score content PENKES SEXUAL RELATIONS AND FP DURING POSTPARTUM	
(max	imum 16)	
	TECHNIQUE	
14.	Tested to do it systematically	
	0. Are not done	
	1. Perform some actions or not in sequence	
	2. Perform actions sequentially	
15.	Proven to apply infection prevention techniques	
	0. Are not done	
	1. Implementing inappropriate infection prevention techniques	
	2. Implement appropriate infection prevention techniques	
16.	Tested to communicate during the inspection	
	0. Are not done	
	1. Carry out communication but use language/words that are difficult for the client to	
	understand	
	2. Carry out communication in language that is easy for clients to understand	
17.	Tested using language that is easy to understand	
	0. Using language that the client does not understand	

	Some still use medical terms			
	2. Use language that is easy for clients to understand			
10				
18.	rate of the state			
	0. Are not done			
	1. Gives attention but does not provide reinforcement			
	2. Give attention and provide reinforcement			
19.	19. Maintain client privacy			
	0. Are not done			
	1. Maintain privacy by saying/demonstrating closing the door/simply covering it			
	2. Maintain privacy by saying and demonstrating closing the door/scoop			
20. Tested to document the results of actions well				
	0. Are not done			
	1. Documenting the results of actions but not completely			
	2. Completely document the results of the action (date, time, content/results of the			
	action, signature, full name)			
21.	Tested in responding to cases and theories			
	0. Not mastering cases or theory			
	1. Only master cases or theories			
	2. Master theory and cases well			
Tota	al technical score (maximum 16)			
_	TAL VALUE OF SEXUAL RELATIONSHIP AND FP CHARACTERISTICS RING THE POSTPARTUM PERIOD			

Tools prepared: flip sheet

COMPETENCE	SHOES MAX	ACHIEVEME
		NT SCORE
Attitude	10	
Content:		
Health Care for Sexual Relations and Birth Control during the Postpartum Period *	16	
Technique	16	
TOTAL SCORES FOR SEXUAL RELATIONSHIP AND FP DURING THE POSTPARTUM PERIOD	42	

Total Achievement Score
VALUE = x 100 =
Maximum Total Score
tudents are declared: Competent / Not Competent (cross out anything that doesn't pply)
EVALUATOR

# ASSESSMENT SHEET HEALTH EDUCATION ON THE NEED FOR REST DURING THE POSTPARTUM PERIOD

	ATTITUDE	
N O	ITEMS TO BE ASSESSED	MARK
1.	Welcome and introduce yourself to clients in a friendly and polite manner	
	(greet, say name, smile)	
	0. Are not done	
	1. Done imperfectly	
2	2. Perfectly done  Tested to invite clients to sit down and be communicative	
2.	0. Are not done	
	1. Done with just words	
	2. Done with speech and body language	
3.	Confident (calm, clear voice, fluent)	
	0. Looks nervous, doesn't make eye contact, voice is unclear	
	1. Hasty and looks hesitant	
	2. Look calm and act confidently	
4.	Carry out effective communication during inspections and actions	
	Criteria: Indonesian/culturally appropriate, eye contact, clear verbal, intonation	
	0. Are not done	
	1. Performed less than 3 criteria	
_	2. Perfectly done	
5.	Provide a sense of empathy for clients	
	<ol> <li>Are not done</li> <li>Giving clients the opportunity to submit complaints does not respond well</li> </ol>	
	2. Provide opportunities for clients to submit complaints and immediately provide	
	good responses	
Tota	l ATTITUDE score (maximum 10)	
В	CONTENT	
HEA	LTH EDUCATION THE NEED FOR REST IN THE POLLUTION PERIOD	
6.	Explain the aims and objectives	
	0. Are not done	
	1. Just explain the intent or purpose	
	2. Explain the aims and objectives of health education	
7.	Apperception / the extent of the client's knowledge about the importance of rest for	
	postpartum mothers	
	<ul><li>0. Are not done</li><li>1. Asking the client about the importance of rest for postpartum mothers that they know</li></ul>	
	and blaming them for what they said was wrong	
	2. Asking the client about the importance of rest for postpartum mothers that they know	
	and not blaming them if what is said is wrong	
8.	Explain the need for rest for postpartum mothers (time, quality, length of at least 8	
	hours)	
	0. Are not done	
	1. Explaining incompletely	
	2. Explains in full	
9.	Explain the problems faced by postpartum mothers if their need for rest is not met including causes (neuroendocrine disorders), types of problems: psychological	
ı		
	affacts (amotional disorders/depression) and physiological affacts (radical broast	
	effects (emotional disorders/depression) and physiological effects (reduced breast milk production and disturbed uterine involution), treatment	
	effects (emotional disorders/depression) and physiological effects (reduced breast milk production and disturbed uterine involution), treatment  0. Are not done	

	2 Evaluins in full				
	2. Explains in full				
10.	Tested using media				
	0. Are not done				
	1. Using media but not effectively				
	2. Use media effectively and correctly				
11.	Tested provides the opportunity to ask questions, provide feedback				
	0. Are not done				
	1. Give clients the opportunity to ask what they don't understand and don't immediately				
	provide an answer				
	2. Provide the client with the opportunity to ask questions that are not understood and				
	immediately provide responses to the client's questions				
12.	Conduct evaluation				
	0. Are not done				
	1. Asking whether it is clear or not, or asking the client to repeat himself but not paying				
	attention to whether it is correct or not.				
	2. Asking whether it is clear/not and asking the client to repeat it again, paying				
	attention to whether it is correct/wrong and correcting if there are errors				
	l score content PENKES REQUIREMENTS FOR REST IN THE POSTPARTUM				
PER	IOD (maximum 14)				
	TECHNIQUE				
13.	Tested to do it systematically				
	0. Are not done				
	1. Perform some actions or not in sequence				
	2. Perform actions sequentially				
14.	Proven to apply infection prevention techniques				
	0. Are not done				
	1. Implementing inappropriate infection prevention techniques				
	2. Implement appropriate infection prevention techniques				
15.	Tested to communicate during the inspection				
	0. Are not done				
	1. Carry out communication but use language/words that are difficult for the client to				
	understand				
	2. Carry out communication in language that is easy for clients to understand				
16.	Tested using language that is easy to understand				
	0. Using language that the client does not understand				
	Some still use medical terms				
1.5	2. Use language that is easy for clients to understand				
17.	Tested to pay attention to each answer				
	0. Are not done				
	Give attention but does not provide reinforcement     Give attention and provide prinforcement				
10	2. Give attention and provide reinforcement				
18.	Maintain client privacy				
	0. Are not done  1. Maintain privacy by caving/damanatuating alosing the deep/simply covering it				
	1. Maintain privacy by saying/demonstrating closing the door/simply covering it				
10	2. Maintain privacy by saying and demonstrating closing the door/scoop  Tested to document the results of actions well				
19.	0. Are not done				
	**				
	<ol> <li>Documenting the results of actions but not completely</li> <li>Completely document the results of the action (date, time, content/results of the</li> </ol>				
	action, signature, full name)				
20.	Tested in responding to cases and theories				
20.	0. Not mastering cases or theory				
	1. Only master cases or theories				
	<ol> <li>Only master cases of theories</li> <li>Master theory and cases well</li> </ol>				
Tota	l technical score (maximum 16)				
101	AL PENDKES VALUE FOR THE NEED FOR REST DURING THE				

POSTPARTUM PERIOD	
1 OSTI ARTUNI I ERIOD	

Tools prepared: flip sheet

COMPETENCE	SHOES MAX	ACHIEVEME NT SCORE
Attitude	10	
Content:		
- Health Care Needs Postpartum Rest Period *	14	
Technique	16	
TOTAL PEDHEAL SCORES FOR THE NEED FOR REST DURING THE POSTPARTUM PERIOD	40	

### PASS LIMIT VALUE 70

Total Achievement Score  VALUE = x 100 =  Maximum Total Score
Students are declared: Competent / Not Competent (cross out anything that doesn' apply)
EVALUATOR

## Clinical/Field/Laboratory Practice Module Format (7)

1	Module theme	:	Basic midwifery skills procedures and education on midwifery care during the postpartum and breastfeeding
			period
2	Course / Code	:	Postnatal and breastfeeding midwifery care/ Bd.5.015
3	Number of credits	:	2 P
4	Time Allocation	:	2 x 170 minutes
5	Semester	:	III
6	Objective	:	After completing this course, students are expected to be able to practice basic midwifery skill procedures and education on midwifery care during the postpartum and breastfeeding period.
7	Module Overview	:	This module teaches you how to practice basic midwifery skills procedures and education on midwifery care during the postpartum and breastfeeding period (exclusive breastfeeding, breast care)
8	Student Characteristics	:	This module is intended for third semester students of the DIII midwifery study program who have taken part in theoretical learning about the basic needs of the postpartum period and breastfeeding.
9	Competency Targets	:	Procedures for basic midwifery skills and education in midwifery care during the postpartum and breastfeeding period:  • Exclusive breastfeeding health education  • Breast care health education
10	Achievement Indicators	:	Students are able to practice basic midwifery skills procedures and education on midwifery care during the postpartum and breastfeeding period:  • Exclusive breastfeeding health education  • Breast care health education
11	Learning materials	:	Attached
12	Learning strategies	:	Practical/demonstration and response forms of learning Tutorial/simulation learning method
13	Learning Support Facilities	:	Laboratory practice module Flip sheets and leaflets Checklist Simulated patient
14	Procedure (if required)	:	Practicum/simulation/demonstration in large groups Tutorial/redemonstration and response in small groups
15	Evaluation Method		Redemonstrasi
16	Valuation Method		Observation using a checklist
17	bibliography		<ul> <li>Wahyuningsih, WP. 2016. Bahan Ajar Kebidanan :         Asuhan Kebidanan Nifas dan Menyusui. Jakarta :         PUSDIKNAKES BPPSDM KES KEMENKES RI</li> <li>Modul Asuhan Kebidanan Nifas dan Menyusui.         2013. Pusdiknakes Badan PPSDM Kes KEMENKES RI :         <ul> <li>Modul 1 : Adaptasi nifas</li> <li>Modul 2 : Kebutuhan dasar ibu masa nifas</li> <li>Modul 3 : Asuhan kebidanan masa nifas</li> <li>Modul 4 : Penyulit dan komplikasi masa nifas</li> </ul> </li> </ul>

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Prepared by	Checked by	Confirmed by
Course Coordinator	Study Program Secretary	Head of Department Representative
Sphal.		Program  REKTORAT JENDERAL TENAGA KESEHATAN
Diki Retno Yuliani, SST, M.Tr. Keb	Puji Hastuti, Ahli (A),MH.Kes	Walin, SST, M.Kes
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#### MATERIAL EXCLUSIVE BREASTFEEDING

#### A. Definition of Exclusive Breastfeeding

Exclusive breastfeeding is breast milk given to babies from birth for six months, without adding and/or replacing it with other foods or drinks (except medicines, vitamins and minerals).

#### B. Breastfeeding Process

The outer part of the breast consists of three parts, namely:

- 1. Corpus Mammae (Breast Body)
  - The enlarged, smooth and soft feeling surrounds the mammary areola (breast area)
- 2. The mammary areola (breast area), which is the darker colored part, surrounds the nipple
- 3. Nipple

The protruding part at the top of the breast. There are four nipple shapes, namely normal, long, short or flat and *inverted* (submerged).

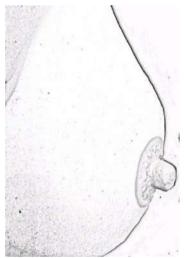


Figure 1. Outside of the Breast

The inside of the breast consists of:

- 1. Fat Tissue
- 2. Lobes (Milk Glands)

Each breast consists of 15-20 lobes, each lobe consists of 20-40 small lobes, each small lobe consists of 10-100 alveoli, the alveoli are the part that produces milk.

3. Ducts (Milk Channels)

Each nipple consists of 3-20 open milk ducts

Breasts undergo changes during pregnancy in preparation for breastfeeding. Some of these changes include:

- 1. The color of the breasts becomes darker
- 2. The lobes (milk glands) become larger
- 3. The ducts (milk tubes) begin to branch out a lot and become long
- 4. Lactation hormones begin to be produced which play a role in changes in the breasts
- 5. At the end of pregnancy the breasts continue to enlarge and produce colostrum
- 6. The birth of the baby and the placenta triggers the release of milk from the breasts.

#### C. Early Initiation of Breastfeeding (IMD)

Early initiation of breastfeeding (IMD) means that the baby is breastfed as soon as possible after the baby is born. IMD is carried out for a minimum of 1 (one) hour.<sup>5</sup> In the first few hours after birth, the baby's initial sucking reflex is strongest, so efforts to breastfeed in the first hour

of birth are very important for the success of the subsequent breastfeeding process. Breastfeeding within the first hour of birth will stimulate breast milk production and strengthen the baby's sucking reflex.

#### 1) How to carry out IMD:

- a. Dry the entire head and body of the baby as soon as possible, except for the hands, without removing the white fat, because it can soothe the baby's skin (keep the baby warm)
- b. The baby is placed on the mother's chest or stomach with the baby's skin attached to the mother's skin, both are covered and the baby can be given a hat
- c. Babies are left to find their own nipples. The mother can stimulate the baby with a soft touch but not force the baby to the nipple.



Figure 2. Early Initiation of Breastfeeding (IMD)

#### 2) IMD stages

- a. In the first 30 minutes, the baby is in a state of rest, alert, occasionally looking at the mother, adapting to the surrounding environment.
- b. Between 30 40 minutes the baby makes sounds, makes sucking movements, puts his hands in his mouth.
- c. The baby's feet press the mother's stomach to move towards the breast, lick the mother's skin, touch the mother's nipple with his hand, bump his head against the mother's chest, turn to the right and left.
- d. Instinctively the baby will salivate
- e. The baby finds the nipple, licks, sucks the nipple, opens its mouth wide, and attaches itself well to the mother's breast.

#### D. Benefits of breast milk

- 1. Benefits of breast milk for babies
  - a. Nutrition that is suitable for babies and best for babies
  - b. Easy to digest
  - c. Helps the good growth of the baby
  - d. Reduces the incidence of cavities
  - e. Contains antibodies to protect babies from various infectious diseases
  - f. The breast milk produced changes according to the baby's development
  - g. Babies feel safe, comfortable and protected
  - h. Increase intelligence
  - i. Nervous coordination of sucking, swallowing and breathing is more perfect
  - j. Clean, healthy nutritional intake and the right temperature
  - k. The calories contained in breast milk can meet the needs of babies up to 6 months of age
  - 1. The baby's psychomotor development is faster
  - m. Supports baby's vision development
- 2. Benefits of breast milk for mothers
  - a. Helps restore the size of the uterus
  - b. Prevents postpartum bleeding
  - c. Reduces the incidence of anemia
  - d. Spacing out pregnancies

- e. Mother feels proud and feels needed
- f. Cheaper costs
- g. Available anytime and anywhere
- h. Creates a feeling of affection thereby strengthening the psychological relationship between mother and child
- i. Accelerates weight loss like before pregnancy
- j. Reduces the risk of breast cancer and ovarian cancer

#### E. Nutrient Composition in Breast Milk

#### 1. Nutrient content in breast milk

The nutritional content discussed here is the nutritional content of mature breast milk.

#### a. Carbohydrate

Breast milk's carbohydrate content is higher than cow's milk. The main carbohydrate in breast milk is lactose which can be absorbed efficiently, namely > 90%. The function of carbohydrates is to provide energy (40% of the total energy in breast milk), growth of brain nerve cells, help absorb calcium, prevent the growth of dangerous bacteria in the intestines and speed up the release of colostrum.

#### b. Protein

The protein content of breast milk is lower than cow's milk, but the protein in cow's milk forms relatively hard lumps in the baby's stomach making it difficult for the baby's intestines to digest, while the protein in breast milk is softer so it is easy for the baby's intestines to digest. The cow's milk protein that can be absorbed by a baby's digestion is only one third of breast milk protein. The function of protein in breast milk is a source of energy, binding iron and facilitating iron absorption, improving the baby's immune system and helping brain development.

#### c. Fat

The fat content of breast milk is higher than cow's milk. Fat is the second largest nutrient in breast milk. Breast milk contains lots of omega-3, omega-6 and DHA which are needed for the formation of brain tissue cells, and contains enzymes that make breast milk fat completely digestible by the baby's digestive system. The function of fat in breast milk includes the main source of energy in breast milk, plays a role in regulating the baby's body temperature, helps the development of brain nerves and vision.

#### d. Vitamins and Minerals

#### 1) Vitamin

The vitamin A content in breast milk is quite large, with the function of helping the growth, development and differentiation of digestive and respiratory tissues. Sufficient vitamin D in the body depends on the mother's consumption during pregnancy and breastfeeding. The content of vitamins B, C and E in breast milk is sufficient to meet the baby's needs. In general, the vitamin content in breast milk is sufficient for babies up to 6 months of age, except for vitamin K, because the baby's intestines are not yet able to form vitamin K.

#### 2) Minerals (Potassium, Calcium, Sodium and phosphorus)

The levels of these minerals in breast milk are lower than in cow's milk, but these minerals are easily digested by babies and meet the baby's needs. The levels of these minerals in cow's milk are higher, but they are more difficult to digest, thus disrupting digestive balance and making the baby's intestines work harder. This can cause the growth of harmful bacteria that cause symptoms of bloating.

#### 3) Minerals (Iron and zinc)

The levels of zinc and iron in breast milk are lower than cow's milk or formula milk, but are easily absorbed by the baby's digestion.

#### 2. Stages of breast milk

#### a. Colostrum

Colostrum begins to be produced in the last month of pregnancy and is released from the first day after giving birth until day 3 or 5. Colostrum is golden yellow, thick and

has a high protein content. The benefits of colostrum are increasing the baby's immune system, coating the baby's intestines and protecting the baby's intestines from bacteria, so colostrum must be given. Colostrum production on the first day is only one teaspoon.

b. Transitional breast milk or transitional breast milk

Breast milk that comes out on day 3 or day 5 to day 10. Some say transitional breast milk lasts up to 2 weeks. Transitional breast milk contains more calories than colostrum

c. Mature breast milk

Mature breast milk is the last breast milk produced by the mother's breasts. Divided into two, namely:

1) Foremilk

The breast milk produced at the beginning of breastfeeding is clearer and thinner, contains lots of vitamins and protein, so it is similar to a fresh drink to quench thirst.

Hindmilk

*Hindmilk* out after *foremilk* out, the color is whiter and thicker. The high level of fat required for baby weight gain. *Hindmilk* tends to be filling and is likened to a main dish. Therefore, mothers should breastfeed their babies until their breasts are empty *foremilk* and *hindmilk*) so that the baby feels satisfied and doesn't fuss easily.

#### F. How to Increase Breast Milk

- 1. The baby is breastfed by its mother
- 2. Do not give food or drink other than breast milk
- 3. Breastfeed the baby as often as possible
- 4. Do not give pacifiers or pacifiers
- 5. Participate in breastfeeding support group activities
- 6. Mothers must be sure that breast milk is the best for the baby
- 7. Breastfeed the right way
- 8. Breastfeed in a quiet and comfortable place
- 9. Drink every time you breastfeed
- 10.Sleep next to the baby
- 11. Mental and mental conditions must be calm, avoid psychological pressure
- 12. Carry out breast care
- 13.Get enough rest, avoid being too tired
- 14. Avoid consuming cigarettes and alcohol

A study reported that there was an influence of online breastfeeding preparation classes on breastfeeding self-efficacy (BSE) and handling breastfeeding problems in the first week. Respondents who took online classes were 18.66 times more likely to handle breastfeeding problems in the first week according to lactation management. There was a relationship between posttest BSE and handling breastfeeding problems in the first week, with a moderate correlation coefficient. Meanwhile, handling breastfeeding problems in the first week was related to full breastfeeding in the sixth month, early provision of formula/MP ASI and exclusive breastfeeding, with a moderate correlation coefficient (Yuliani, 2022). Another study reported that education about breastfeeding had an effect on breastfeeding self-efficacy, while video was one of the educational media that could be used to increase breastfeeding self-efficacy. Following current developments, delivering education online (online) is quite common to do. The results of this study indicate that online breastfeeding preparation classes with video educational media have an effect on breastfeeding selfefficacy. Further research can examine the effect of video educational media on breastfeeding success and exclusive breastfeeding success (Yuliani, 2022). Breastfeeding self-efficacy can be measured using the BSES-SF (Breastfeeding self-efficacy short-form) instrument. The Indonesian version of the BSES-SF has been proven valid and reliable for use in the population of pregnant women in Indonesia (Yuliani, 2023).

#### G. Breastfeeding for Working Mothers

- a. Principles of breastfeeding for working mothers
  - 1) Arrange a babysitter before mom goes back to work
  - 2) Train caregivers to warm expressed breast milk (ASIP) and be skilled at giving breast milk to babies with a spoon or glass
  - 3) Practice expressing breast milk before mom goes back to work
  - 4) Breastfeed the baby until he is full before the mother goes to work. Express breast milk for the breast that the baby has not sucked until it is empty
  - 5) Express breast milk every 3-4 hours while in Kanto
  - 6) Breastfeed the baby after work and continue at night
  - 7) Maintain a nutritious diet
  - 8) Regular exercise

#### b. How to express breast milk

Expressing breast milk can be done by hand, with a manual pump or an electric pump. Expressing breast milk can be done every 3-4 hours to maintain good breast milk production.

In general, the steps for expressing breast milk are as follows:

- 1) All equipment is sterilized
- 2) Choose a quiet and comfortable place
- 3) Wash hands with soap, clean breasts with water
- 4) Drink a glass of water before expressing breast milk
- 5) Do a breast massage
- 6) Start expressing breast milk using appropriate tools
- 7) Expressing breast milk by hand:
  - a) Lean forward and support your breasts with one hand, and hold a cup with the other
  - b) Place the thumb above the breast and the index finger below the breast to form the letter C
  - c) Press both fingers in then massage forward until both fingers squeeze and release milk, and release
  - d) Repeat the press-massage-release movement several times in the same place or position
  - e) After the milk flow decreases, move the position of your thumb and index finger to the other side around the breast
  - f) Do this movement on both breasts
  - g) Do not press, massage and pull the nipple area

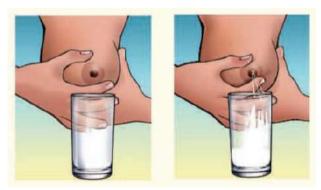


Figure 3. Expressing breast milk by hand

- 8) Keep your body relaxed when expressing breast milk
- 9) Immediately store breast milk in the refrigerator or freezer or cooler bag





Picture 4. Example of an Electric Breast Pump

- c. How to store breast milk
  - 1) Store breast milk in sterilized glass bottles or sterile plastic specifically for breast milk
  - 2) Write the time and date of expressing breast milk on the label and stick it on the breast milk bottle, or write it on the label that is already available on the breast milk plastic.
  - 3) Store 15-60 ml of expressed breast milk per container to avoid wasting expressed breast milk because the baby doesn't finish it.

Table 1. Storage of expressed breast milk (ASIP)

Storage	Temperature	Storage time
Freshly expressed breast milk stored in <i>cooler bag</i>	15 theC	24 hours
Indoor (fresh ASIP)	$27$ $^{the}C$ s/d $32$ $^{the}C$ $<25$ $^{the}C$	4 hours 6-8 hours
Refrigerator <sup>4</sup>	< 4 the C	48-72 hours (2-3 days)
Freezer on a 1 door refrigerator	-15 the $C s/d 0$ the $C$	2 weeks
Freezer on a 2 door refrigerator	-20 the C s/d 18 the C	3-6 months



Figure 5. Expressing, Storing and Giving Expressed Breast Milk

d. How to give expressed breast milk

Before giving breast milk to a baby, first thaw the frozen breast milk by immersing the breast milk in a glass or plastic bottle. Soak the breast milk in a bowl or container filled with warm water, or warm the breast milk by letting the bottle flow with warm water. Keep in mind, breast milk Do not mix it with warm water. Once completely thawed, expressed breast milk can be given with a glass or spoon.

Breast milk that has been warmed must be consumed immediately within one hour and must not be stored in the freezer or refrigerator again. Therefore, when warming breast milk just enough, according to the baby's needs. Breast milk should not be heated directly over a fire, soaked in boiling hot water, heated with a microwave or other heating device, because it can damage some of the contents of breast milk.



Figure 6. How to warm expressed breast milk

#### H. Breast Care

The aim of breast care is to maintain breast cleanliness and improve blood circulation in the breasts thereby facilitating the release of breast milk, preventing blocked milk ducts, breast dams, sore nipples and breast infections. Postpartum breast care can be done as early as possible after giving birth, namely on day 1-2, twice a day before bathing.

1. Principles of breast care

Here are some principles for breast care in breastfeeding mothers in general:

- a. Keep the breasts clean and dry, especially the nipples
- b. Use a bra/bra that supports your breasts and is not too tight
- c. Clean the breasts and nipples with clean water without using soap
- d. Clean the nipples using cotton wool and coconut oil before bathing, this can be done during pregnancy
- e. Clean the breasts before and after breastfeeding using cotton wool and warm water
- f. Apply breast milk around the nipples before and after breastfeeding to protect the baby from germs.

#### 2. Breast care (breast massage)

Tools and materials that need to be prepared to carry out breast care include 2 towels, baby oil or coconut oil, cotton, 2 washcloths, safety pins, a basin with warm water and a basin with cold water.

The steps for breast care are:

a. Prepare the necessary tools and materials



Figure 7. Tools and Materials for Breast Care

b. Wash your hands with running water and soap



Figure 8. Correct Hand Washing

- c. Use clean gloves (if done by a health worker)
- d. Remove your upper clothing then place one towel on your back and one towel on your lap.





Figure 9. Attaching Towels

e. Compress both nipples using cotton wool soaked in coconut oil or baby oil for 3-5 minutes





Figure 10. Compressing the Nipple

f. Apply coconut oil or baby oil to both palms and spread evenly

g. Place both palms between the breasts, then massage upwards and outwards around the breasts. Release quickly when both palms reach the center of the breast again. Repeat the movement 20-30 times.



Figure 11. First Movement for Breast Care

h. Support the right breast with the right hand, the left hand massages the entire side of the breast from the base to the nipple using the little finger, do this on each breast alternately 20-30 movements each

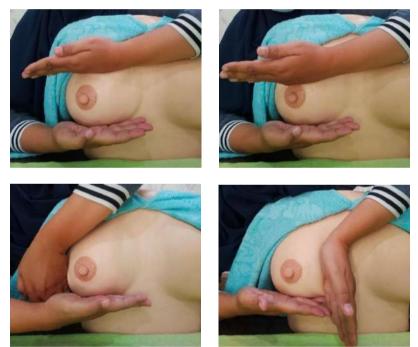


Figure 12. Second Breast Care Movement

i. Support the right breast with the right hand, the left hand massages the entire side of the breast from the base to the nipple using the knuckles, do this on each breast alternately 20-30 movements each



#### Figure 13. Third Breast Care Movement

j. Compress both breasts with a warm washcloth, then replace it with a cold washcloth compress, and end with a warm compress



Figure 14. Compressing the Breast with a Washcloth

k. Expressing breast milk by placing the thumb and index finger about 2.5 to 3 cm from the nipple



Picture 15. Expressing breast milk

1. Put on a bra and clean up the tools

## ASSESSMENT SHEET EXCLUSIVE breastfeeding health education for postpartum mothers

A	ATTITUDE	
N O	ITEMS TO BE ASSESSED	MARK
1.	Welcome and introduce yourself to clients in a friendly and polite manner	
	(greet, say name, smile)	
	0. Are not done	
	1. Done imperfectly	
	2. Perfectly done	
2.	Tested to invite clients to sit down and be communicative	
	0. Are not done	
	1. Done with just words	
	2. Done with speech and body language	
3.	Confident (calm, clear voice, fluent)	
	0. Looks nervous, doesn't make eye contact, voice is unclear	
	1. Hasty and looks hesitant	
	2. Look calm and act confidently	
4.	Carry out effective communication during inspections and actions	
	Criteria: Indonesian/culturally appropriate, eye contact, clear verbal, intonation	
	Are not done     Performed less than 3 criteria	
5.	2. Perfectly done  Provide a sense of empathy for clients	
٥.	0. Are not done	
	Giving clients the opportunity to submit complaints does not respond well	
	2. Provide opportunities for clients to submit complaints and immediately provide	
	good responses	
Tota	l ATTITUDE score (maximum 10)	
В	CONTENT	
EXC	CLUSIVE ASI HEALTH EDUCATION	
6.	Explain the aims and objectives	
	0. Are not done	
	1. Just explain the intent or purpose	
	2. Explain the aims and objectives of health education	
7.	Tested to carry out apperception regarding exclusive breastfeeding	
	0. Not done	
	1. The midwife asks the client "Ma'am, have you heard any information about breast	
	milk before?"	
	2. The midwife asks the client "has the mother ever received information about	
	exclusive breastfeeding before?"	
8.	Explain the meaning of exclusive breastfeeding	
	0. Not done	
	1. The midwife explains the meaning of breast milk "Exclusive breast milk is breast	
	milk that comes from the breast and is given to babies up to 6 months of age."  The midwife explained the magning of breast milk "Exclusive breast milk is a behave	
	2. The midwife explained the meaning of breast milk "Exclusive breast milk is a baby	
	who is given only breast milk, without additional fluids/food until the age of 6 months"	
9.	Explain the benefits of exclusive breastfeeding	
٦.		
	<ol> <li>Not done</li> <li>Explaining the benefits of exclusive breastfeeding, less than 4 benefits: breast milk</li> </ol>	
	as nutrition, breast milk as body resistance, breast milk increases intelligence, breast	
	milk increases bonds of affection	
	mark mercuses bonds of affection	

2. Explains the benefits of exclusive breastfeeding, more than 3 benefits: breast milk as nutrition, breast milk as body resistance, breast milk increases intelligence, breast milk improves relationships, saves costs on medicines, energy, health facilities, creates a strong and high-quality future generation for the nation.

#### 10. Explain the immune substances in breast milk

- 0. Not done
- 1. Explains that breast milk immune substances are less than 3
- 2. Describe more than 3 immune substances in breast milk
  - Bifidus factor: Supports the development of "beneficial" bacteria in the baby's intestines, to prevent the growth of harmful bacteria
  - Lactoferrin: Binds iron in breast milk so that iron is not used by pathogenic bacteria for growth
  - Anti allergic
  - Contains anti-polio virus substances
  - Helps the growth of the baby's intestinal lining as a shield to avoid harmful substances entering the bloodstream

#### 11. Explain the composition of breast milk

- 0. Not done
- 1. Explains the composition of breast milk is less than 3
- 2. Explains the composition of breast milk perfectly
  - Colostrum
    - ✓ It is the first liquid that is thick with a yellowish color compared to mature milk.
    - Secreted on days 1 to 3, when heated it will curdle, whereas mature breast milk does not
    - ✓ It is an ideal laxative for clearing meconium from the newborn's intestines and preparing the baby's digestive tract for the food to come.
    - ✓ It contains more carbohydrates, proteins, minerals, antibodies and provides protection for babies up to 6 months of age compared to mature breast milk
  - Transitional Milk
    - ✓ It is transitional breast milk from colostrum to mature breast milk
    - ✓ Secreted from days 4 to 10
    - ✔ Protein levels are getting lower while carbohydrate and fat levels are getting higher and volume is also increasing
  - Mature Milk
    - ✓ This is breast milk that is secreted on day 10 and beyond, the composition is relatively constant.
    - ✓ It is a yellowish-white caioran that is caused by the color of Ca-casein, riboflavin and carotene found in it.
    - ✓ Does not clump when heated
    - ✓ There are antimicrobial factors, including: antibodies (immunity against infection), proteins, hormones, etc.

#### 12. Explain how to increase breast milk production

- 0. Not done
- 1. Explain how to produce less than 3 breast milk:
- 2. Explain how to produce more than 3 breast milk:
  - Babies breastfeed every 2 hours for 10 15 minutes at each breast
  - Wake the baby, take off clothes/wear that makes you feel hot, sit while breastfeeding
  - Make sure the baby is breastfeeding in a good position (attached to the mother) and swallowing actively
  - Breastfeed the baby in a quiet, comfortable place and drink every time you breastfeed
  - Sleep next to/close to the baby
  - Mother increases rest or drinking

#### 13. Explain how to express breast milk

- 0. Not done
- 1. Explain how to express breast milk and mention only 1 method or 2 methods but are not complete
- 2. Explains how to express breast milk and mentions 2 ways perfectly
  - Milk production by hand
    - ✓ Hands are washed until clean.
    - ✓ Prepare a cup/glass with a lid that has been washed with boiling water.
    - ✓ The breasts are compressed with a warm towel and massaged with the palms of both hands from the base towards the breast cavity. Repeat this massage evenly around the breasts.
    - ✓ With your thumb around the upper part of the breast and the index finger on the other side, press the breast area towards the chest.
    - ✓ The breast area is squeezed with the thumb and index finger, do not massage/press the nipple, because it can cause pain/abrasions.
    - ✓ Repeat press squeeze-release-press-squeeze-release, at first the milk does not come out, after a few times the milk will come out.
    - ✓ This movement is repeated around the breast cavity on all sides, to ensure that the milk has been squeezed from all breast segments.
  - Dispensing by pump
    - ✓ Press the rubber ball to release the air.
    - ✓ The neck end of the tube is placed on the breast with the nipple right in the middle, and the tube is completely attached to the skin.
    - The rubber ball is removed, so that the nipple and breast tube are pulled inward.
    - ✔ Press and release several times, until the breast milk comes out and accumulates in the reservoir depression on the side of the tube.
    - ✓ After it has been used or will be used, the tool must be washed thoroughly using boiling water. Rubber balls are difficult to clean, therefore if possible it is better to express breast milk by hand

#### 14. **Explain how to store breast milk**

- 0. Not done
- 1. Explain how to store breast milk for less than 3
- 2. Explain how to store breast milk properly
  - *In the open/free air 6-8 hours*
  - In the refrigerator (40C) 24 hours
  - *In the refrigerator/freeze (- 18 0C) 6 months*

Breast milk that has been cooled when it is to be used should not be boiled, because the quality will decrease, namely the immune factor. It is enough to leave the breast milk for a while at room temperature, so that it doesn't get too cold; or you can also soak it in a container filled with hot water

#### 15. Explains how to implement exclusive breastfeeding for working mothers

- 0. Not done
- 1. Explain the application of exclusive breastfeeding for less than 3
- 2. Explain the application of exclusive breastfeeding for more than 3
  - During leave only breastfeeding
  - Before starting work change the baby's drinking pattern
  - Before going to work breastfeed the baby
  - While at the office, express breast milk every 3-4 hours
  - Store in the refrigerator and take home
  - Once warmed, give it in a cup

#### 16. Tested carries out an evaluation by asking again what has been explained

0. Not done

	1. Tested to carry out an evaluation by asking again but it was not done perfectly	
	"ma'am, you understand the explanation I gave, if that means there are no more	
	questions"	
	2. Tested to carry out an evaluation by asking again and it was done perfectly 'Ma'am,	
	you understand my explanation regarding exclusive breastfeeding, try repeating the	
	explanation I gave regarding"	
17.	Tested using media	
	0. Are not done	
	Using media but not effectively	
	2. Use media effectively and correctly	
18.	Tested provides the opportunity to ask questions, provide feedback	
10.	0. Are not done	
	1. Give clients the opportunity to ask what they don't understand and don't immediately	
	provide an answer	
	2. Provide the client with the opportunity to ask questions that are not understood and	
	immediately provide responses to the client's questions	
Tota	ll score content EXCLUSIVE ASI PENKES (maximum 26)	
1012	is score content EXCLOSIVE ASI I ENXES (maximum 20)	
	TECHNIQUE	
19.	Tested to do it systematically	
	0. Are not done	
	Perform some actions or not in sequence	
	2. Perform actions sequentially	
20.	Proven to apply infection prevention techniques	
	0. Are not done	
	Implementing inappropriate infection prevention techniques	
	2. Implement appropriate infection prevention techniques	
21.	Tested to communicate during the inspection	
	0. Are not done	
	1. Carry out communication but use language/words that are difficult for the client to	
	understand	
	2. Carry out communication in language that is easy for clients to understand	
22.	Tested using language that is easy to understand	
	0. Using language that the client does not understand	
	1. Some still use medical terms	
	2. Use language that is easy for clients to understand	
23.	Tested to pay attention to each answer	
	0. Are not done	
	Gives attention but does not provide reinforcement	
	2. Give attention and provide reinforcement	
24.	Maintain client privacy	
	0. Are not done	
	1. Maintain privacy by saying/demonstrating closing the door/simply covering it	
	2. Maintain privacy by saying and demonstrating closing the door/scoop	
25.	Tested to document the results of actions well	
	0. Are not done	
	1. Documenting the results of actions but not completely	
	2. Completely document the results of the action (date, time, content/results of the	
	action, signature, full name)	
26.	Tested in responding to cases and theories	
	0. Not mastering cases or theory	
	Only master cases or theories	
	Master theory and cases well	
Tota	l technical score (maximum 16)	
	TAL VALUE OF EXCLUSIVE BREASTFEEDING HEALTH EDUCATION FOR	
PUS	TPARTUM MOTHERS	

- Tools prepared:1. Flip sheet2. Plastic cup and cover3. Breast pump (if available)

COMPETENCE	SHOES MAX	ACHIEVEMEN T SCORE
Attitude	10	
Content:		
Exclusive Breastfeeding Health Care *	26	
Technique	16	
TOTAL EXCLUSIVE BREASTFEEDING HEALTH EDUCATION FOR POSTPARTUM MOTHERS SCORE	52	

### PASS LIMIT VALUE 70

	tal Achievement Score
_	aximum Total Score
Students are apply)	declared: Competent / Not Competent (cross out anything that doesn't
	EVALUATOR

## ASSESSMENT SHEET BREAST CARE IN THE POSTPARTUM PERIOD

A	ATTITUDE	
N O	ITEMS TO BE ASSESSED	MARK
1.	Welcome and introduce yourself to clients in a friendly and polite manner	
	(greet, say name, smile)	
	0. Are not done	
	<ol> <li>Done imperfectly</li> <li>Perfectly done</li> </ol>	
2.	Tested to invite clients to sit down and be communicative	
	0. Are not done	
	1. Done with just words	
	2. Done with speech and body language	
3.	Confident (calm, clear voice, fluent)	
	0. Looks nervous, doesn't make eye contact, voice is unclear	
	1. Hasty and looks hesitant	
	Look calm and act confidently	
4.	Carry out effective communication during inspections and actions	
	Criteria: Indonesian/culturally appropriate, eye contact, clear verbal, intonation	
	O. Are not done Derformed less than 3 criteria  Output  Derformed less than 3 criteria  Output  Derformed less than 3 criteria  Output  Derformed less than 3 criteria	
5.	2. Perfectly done  Provide a sense of empathy for clients	
٥.	0. Are not done	
	Giving clients the opportunity to submit complaints does not respond well	
	2. Provide opportunities for clients to submit complaints and immediately provide	
	good responses	
Tota	l ATTITUDE score (maximum 10)	
В	CONTENT	
BRE	AST CARE IN THE POLLUTION PERIOD	
6.	Explain the aims and objectives	
	U. Are not done	
	O. Are not done O. Just explain the intent or purpose O. Just explain the intent or purpose	
	1. Just explain the intent or purpose	
7.	1. Just explain the intent or purpose	
7.	<ol> <li>Just explain the intent or purpose</li> <li>Explain the purpose and objectives of the action</li> </ol>	
7.	<ol> <li>Just explain the intent or purpose</li> <li>Explain the purpose and objectives of the action</li> <li>Apperception / the extent of the client's knowledge about breast care in postpartum mothers</li> <li>Are not done</li> </ol>	
7.	<ol> <li>Just explain the intent or purpose</li> <li>Explain the purpose and objectives of the action</li> <li>Apperception / the extent of the client's knowledge about breast care in postpartum mothers</li> <li>Are not done</li> <li>Asking the client about the importance of postpartum breast care that he knows and</li> </ol>	
7.	<ol> <li>Just explain the intent or purpose</li> <li>Explain the purpose and objectives of the action</li> <li>Apperception / the extent of the client's knowledge about breast care in postpartum mothers</li> <li>Are not done</li> <li>Asking the client about the importance of postpartum breast care that he knows and blaming him for what he said was wrong</li> </ol>	
7.	<ol> <li>Just explain the intent or purpose</li> <li>Explain the purpose and objectives of the action</li> <li>Apperception / the extent of the client's knowledge about breast care in postpartum mothers</li> <li>Are not done</li> <li>Asking the client about the importance of postpartum breast care that he knows and blaming him for what he said was wrong</li> <li>Ask the client about the importance of postpartum breast care that he knows and do</li> </ol>	
	<ol> <li>Just explain the intent or purpose</li> <li>Explain the purpose and objectives of the action</li> <li>Apperception / the extent of the client's knowledge about breast care in postpartum mothers</li> <li>Are not done</li> <li>Asking the client about the importance of postpartum breast care that he knows and blaming him for what he said was wrong</li> <li>Ask the client about the importance of postpartum breast care that he knows and do not blame him if what is said is wrong</li> </ol>	
7.	<ol> <li>Just explain the intent or purpose</li> <li>Explain the purpose and objectives of the action</li> <li>Apperception / the extent of the client's knowledge about breast care in postpartum mothers</li> <li>Are not done</li> <li>Asking the client about the importance of postpartum breast care that he knows and blaming him for what he said was wrong</li> <li>Ask the client about the importance of postpartum breast care that he knows and do not blame him if what is said is wrong</li> <li>Prepare tools and place them ergonomically</li> </ol>	
	<ol> <li>Just explain the intent or purpose</li> <li>Explain the purpose and objectives of the action</li> <li>Apperception / the extent of the client's knowledge about breast care in postpartum mothers</li> <li>Are not done</li> <li>Asking the client about the importance of postpartum breast care that he knows and blaming him for what he said was wrong</li> <li>Ask the client about the importance of postpartum breast care that he knows and do not blame him if what is said is wrong</li> <li>Prepare tools and place them ergonomically</li> <li>Are not done</li> </ol>	
	<ol> <li>Just explain the intent or purpose</li> <li>Explain the purpose and objectives of the action</li> <li>Apperception / the extent of the client's knowledge about breast care in postpartum mothers</li> <li>Are not done</li> <li>Asking the client about the importance of postpartum breast care that he knows and blaming him for what he said was wrong</li> <li>Ask the client about the importance of postpartum breast care that he knows and do not blame him if what is said is wrong</li> <li>Prepare tools and place them ergonomically</li> <li>Are not done</li> <li>Done incorrectly</li> </ol>	
8.	<ol> <li>Just explain the intent or purpose</li> <li>Explain the purpose and objectives of the action</li> <li>Apperception / the extent of the client's knowledge about breast care in postpartum mothers</li> <li>Are not done</li> <li>Asking the client about the importance of postpartum breast care that he knows and blaming him for what he said was wrong</li> <li>Ask the client about the importance of postpartum breast care that he knows and do not blame him if what is said is wrong</li> <li>Prepare tools and place them ergonomically</li> <li>Are not done</li> <li>Done incorrectly</li> <li>Done right</li> </ol>	
	<ol> <li>Just explain the intent or purpose</li> <li>Explain the purpose and objectives of the action</li> <li>Apperception / the extent of the client's knowledge about breast care in postpartum mothers</li> <li>Are not done</li> <li>Asking the client about the importance of postpartum breast care that he knows and blaming him for what he said was wrong</li> <li>Ask the client about the importance of postpartum breast care that he knows and do not blame him if what is said is wrong</li> <li>Prepare tools and place them ergonomically</li> <li>Are not done</li> <li>Done incorrectly</li> <li>Done right</li> <li>Encourage clients to wash their hands</li> </ol>	
8.	<ol> <li>Just explain the intent or purpose</li> <li>Explain the purpose and objectives of the action</li> <li>Apperception / the extent of the client's knowledge about breast care in postpartum mothers</li> <li>Are not done</li> <li>Asking the client about the importance of postpartum breast care that he knows and blaming him for what he said was wrong</li> <li>Ask the client about the importance of postpartum breast care that he knows and do not blame him if what is said is wrong</li> <li>Prepare tools and place them ergonomically</li> <li>Are not done</li> <li>Done incorrectly</li> <li>Done right</li> <li>Encourage clients to wash their hands</li> <li>Are not done</li> </ol>	
8.	<ol> <li>Just explain the intent or purpose</li> <li>Explain the purpose and objectives of the action</li> <li>Apperception / the extent of the client's knowledge about breast care in postpartum mothers</li> <li>Are not done</li> <li>Asking the client about the importance of postpartum breast care that he knows and blaming him for what he said was wrong</li> <li>Ask the client about the importance of postpartum breast care that he knows and do not blame him if what is said is wrong</li> <li>Prepare tools and place them ergonomically</li> <li>Are not done</li> <li>Done incorrectly</li> <li>Done right</li> <li>Encourage clients to wash their hands</li> <li>Are not done</li> <li>Done</li> <li>Done</li> </ol>	
8.	<ol> <li>Just explain the intent or purpose</li> <li>Explain the purpose and objectives of the action</li> <li>Apperception / the extent of the client's knowledge about breast care in postpartum mothers</li> <li>Are not done</li> <li>Asking the client about the importance of postpartum breast care that he knows and blaming him for what he said was wrong</li> <li>Ask the client about the importance of postpartum breast care that he knows and do not blame him if what is said is wrong</li> <li>Prepare tools and place them ergonomically</li> <li>Are not done</li> <li>Done incorrectly</li> <li>Done right</li> <li>Encourage clients to wash their hands</li> <li>Are not done</li> <li>Done</li> <li>Adjust the client's position</li> </ol>	
8.	<ol> <li>Just explain the intent or purpose</li> <li>Explain the purpose and objectives of the action</li> <li>Apperception / the extent of the client's knowledge about breast care in postpartum mothers</li> <li>Are not done</li> <li>Asking the client about the importance of postpartum breast care that he knows and blaming him for what he said was wrong</li> <li>Ask the client about the importance of postpartum breast care that he knows and do not blame him if what is said is wrong</li> <li>Prepare tools and place them ergonomically</li> <li>Are not done</li> <li>Done incorrectly</li> <li>Done right</li> <li>Encourage clients to wash their hands</li> <li>Are not done</li> <li>Done</li> <li>Adjust the client's position</li> <li>Are not done</li> </ol>	
8.	<ol> <li>Just explain the intent or purpose</li> <li>Explain the purpose and objectives of the action</li> <li>Apperception / the extent of the client's knowledge about breast care in postpartum mothers</li> <li>Are not done</li> <li>Asking the client about the importance of postpartum breast care that he knows and blaming him for what he said was wrong</li> <li>Ask the client about the importance of postpartum breast care that he knows and do not blame him if what is said is wrong</li> <li>Prepare tools and place them ergonomically</li> <li>Are not done</li> <li>Done incorrectly</li> <li>Done right</li> <li>Encourage clients to wash their hands</li> <li>Are not done</li> <li>Done</li> <li>Adjust the client's position</li> <li>Are not done</li> <li>Adjusting positions without considering the client's comfort</li> </ol>	
8.	<ol> <li>Just explain the intent or purpose</li> <li>Explain the purpose and objectives of the action</li> <li>Apperception / the extent of the client's knowledge about breast care in postpartum mothers</li> <li>Are not done</li> <li>Asking the client about the importance of postpartum breast care that he knows and blaming him for what he said was wrong</li> <li>Ask the client about the importance of postpartum breast care that he knows and do not blame him if what is said is wrong</li> <li>Prepare tools and place them ergonomically</li> <li>Are not done</li> <li>Done incorrectly</li> <li>Done right</li> <li>Encourage clients to wash their hands</li> <li>Are not done</li> <li>Done</li> <li>Adjust the client's position</li> <li>Are not done</li> </ol>	

	0. Are not done	
	1. Encourage the client to remove upper clothing without assistance	
	2. Encourage the client to remove upper clothing and help the client	
12.	Compress both nipples and areola with cotton soaked in oil	
	0. Are not done	
	1. Compressing is not correct	
	2. Compress properly	
13.	Take cotton wool from the nipple in a circular motion while cleaning the nipple and	
	areola	
	0. Are not done	
	1. Not doing it right	
	2. Do it right	
14.	Lubricate both palms with oil	
	0. Are not done	
	1. Not doing it right	
	2. Do it right	
15.	Place both palms on the inside of the breast, then massage upwards and outwards	
	around the breast	
	0. Are not done	
	Doing it incorrectly	
	2. Do it right	
16.	Repeat the movement 20 – 30 times per breast	
10.	0. Are not done	
	1. Doing it incorrectly	
	2. Do it right	
17.	Place one hand supporting one breast, the other hand massages the entire side of	
17.	the breast from the base to the nipple using the little finger, do this on each breast	
	in turn.	
	0. Are not done	
	Doing it incorrectly	
	2. Do it right	
18.	Repeat the movement 20-30 times per breast	
10.	0. Are not done	
	Doing it incorrectly	
	2. Do it right	
19.	Place one hand supporting one breast, the other hand massages the entire side of	
1).	the breast from the base to the nipple using the knuckles, do this on each breast in	
	turn.	
	0. Are not done	
	1. Doing it incorrectly	
	2. Do it right	
20.	Repeat the movement 20 – 30 times per breast	
20.	0. Are not done	
	Doing it incorrectly	
	2. Do it right	
21.	Compress both breasts with a warm washcloth then replace with a cold washcloth	
21.	compress, and end with a warm compress	
	0. Are not done	
	Doing it incorrectly	
	2. Do it right	
22.	Expressing breast milk by placing the thumb and forefinger about 2.5 to 3 cm from	
22.		
	the nipple 0. Are not done	
	Are not done     Doing it incorrectly	
	2. Do it right	

23.	Encourage mothers to use bras that provide support and support for equipment	
23.	0. Are not done	
	1. Doing it incorrectly	
	2. Do it right	
Tota	l score content BREAST CARE IN THE POSTPARTUM PERIOD (maximum 36)	
	TECHNIQUE	
24.	Tested to do it systematically	
	0. Are not done	
	1. Perform some actions or not in sequence	
	2. Perform actions sequentially	
25.	Proven to apply infection prevention techniques	
	0. Are not done	
	Implementing inappropriate infection prevention techniques	
	2. Implement appropriate infection prevention techniques	
26.	Tested to communicate during the inspection	
	0. Are not done	
	1. Carry out communication but use language/words that are difficult for the client to	
	understand	
27	2. Carry out communication in language that is easy for clients to understand	
27.	Tested using language that is easy to understand	
	0. Using language that the client does not understand	
	1. Some still use medical terms	
20	2. Use language that is easy for clients to understand	
28.	Tested to pay attention to each answer	
	Are not done     Gives attention but does not provide reinforcement	
29.	Give attention and provide reinforcement  Maintain client privacy	
29.	0. Are not done	
	Maintain privacy by saying/demonstrating closing the door/simply covering it	
	Maintain privacy by saying/demonstrating closing the door/simply covering it     Maintain privacy by saying and demonstrating closing the door/scoop	
30.	Tested to document the results of actions well	
50.	0. Are not done	
	Documenting the results of actions but not completely	
	2. Completely document the results of the action (date, time, content/results of the	
	action, signature, full name)	
31.	Tested in responding to cases and theories	
51.	O. Not mastering cases or theory  O. Not mastering cases or theory	
	Only master cases or theories	
	Master theory and cases well	
Tota	l technical score (maximum 16)	
TOT	AL VALUE OF BREAST CARE FOR POSTPARTUM MOTHERS	

#### Tools needed:

- 1. Shirt with front buttons
- 2. BH
- 3. Breast
- 4. Cotton
- 5. Baby oil6. Dirty cotton case7. Large towel 2
- 8. Pin
- 9. Greetings 2
- 10. Water basin 2

COMPETENCE	SHOES MAX	ACHIEVEMEN T SCORE
Attitude	10	
Content:		
- Postpartum Breast Care *	36	
Technique	16	
TOTAL BREAST CARE FOR POSTPARTUM WOMEN SCORES	62	

### PASS LIMIT VALUE 70

Total Achievement Score VALUE = x 100 =	
Maximum Total Score	
tudents are declared: Competent / Not Competent (cross out anything that does pply)	sn'
EVALUATOR	

## **Clinical/Field/Laboratory Practice Module Format (8)**

1	Module theme	:	Basic midwifery skills procedures and education on
			midwifery care during the postpartum and breastfeeding period
2	Course / Code		Postnatal and breastfeeding midwifery care/ Bd.5.015
3	Number of credits	•	2 P
4	Time Allocation	:	2 x 170 minutes
5	Semester	:	III
6	Objective	:	After completing this course, students are expected to
		•	be able to practice basic midwifery skill procedures and
			education on midwifery care during the postpartum and
			breastfeeding period.
7	Module Overview	:	This module teaches you how to practice basic
			midwifery skill procedures and education on midwifery
			care during the postpartum period and breastfeeding
			(breastfeeding techniques).
8	Student Characteristics	:	This module is intended for third semester students of
			the DIII midwifery study program who have taken part
			in theoretical learning about the basic needs of the
			postpartum period and breastfeeding.
9	Competency Targets	:	Procedures for basic midwifery skills and education in
			midwifery care during the postpartum and breastfeeding
			period:
			Health education on correct breastfeeding
			techniques
10			Health education on how to breastfeed twins
10	Achievement Indicators	:	Students are able to practice basic midwifery skills
			procedures and education on midwifery care during the
			<ul><li>postpartum and breastfeeding period:</li><li>Health education on correct breastfeeding</li></ul>
			techniques
			Health education on how to breastfeed twins
11	Learning materials		Attached
12	Learning strategies	:	Practical/demonstration and response forms of learning
			Tutorial/simulation learning method
13	Learning Support Facilities	:	Laboratory practice module
			Flip sheets and leaflets
			Checklist
			Simulated patient
14	Procedure (if required)	:	Practicum/simulation/demonstration in large groups
	_		Tutorial/redemonstration and response in small groups
15	Evaluation Method		Redemonstrasi
16	Valuation Method		Observation using a checklist
17	bibliography		Wahyuningsih, WP. 2016. Bahan Ajar Kebidanan:
			Asuhan Kebidanan Nifas dan Menyusui. Jakarta:
			PUSDIKNAKES BPPSDM KES KEMENKES RI
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			2013. Pusdiknakes Badan PPSDM Kes
			KEMENKES RI :
			Modul 1 : Adaptasi nifas

- Modul 2 : Kebutuhan dasar ibu masa nifas
- Modul 3: Asuhan kebidanan masa nifas
- Modul 4 : Penyulit dan komplikasi masa nifas
- Modul praktikum 1 : petunjuk praktikum nifas
- Modul praktikum 2 : petunjuk praktikum nifas
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## MATERIAL CORRECT BREASTFEEDING TECHNIQUES

#### A. Breastfeeding Position

Breastfeeding can be done sitting or lying on your side. There is no one correct position for breastfeeding. The most important thing is that the mother's position when breastfeeding must be steady and comfortable, both in a chair and in bed. There are several breastfeeding positions including the carrying position, the cross-carrying position, the ball-holding position and the left side lying position.

1. Carrying position (Cradle hold)

Breastfeeding position with the right breast, the baby lies on its side facing the mother, the mother's right hand (right forearm) supports the baby's head, neck, back and buttocks, or vice versa. This position is the easiest to learn, the most frequently used and is suitable for breastfeeding newborns.



Figure 1. Carrying Position (Cradle Hold)

2. Cross-carrying position (*Cross cradle hold*)

Breastfeeding position with the right breast, the baby lies on its side facing the mother, the mother's left hand (left forearm) supports the baby's head, neck, back and buttocks, or vice versa. This position is suitable for breastfeeding small babies, premature babies or babies who have difficulty attaching their mouth to the breast.



Figure 2. Carrying-Cross Position (Cross Cradle Hold)

3. Ball grip position (Football hold)

The baby is under the arm, the baby's head is in the mother's palm, the baby's body is supported by the mother's forearm. The position of the ball handle makes it easier for the mother to see how the baby's mouth is attached to the mother's breast. This position is suitable for breastfeeding twins, mothers with large breasts because the baby's chest helps

support the weight of the breasts, mothers with flat nipples, mothers who gave birth by caesarean section because it stays away from the incision area and mothers with full breasts because it will be easier to press in this position.





Figure 3. Ball Grip Position (Football Hold)

#### 4. Side lying position (*Lying down*)

The mother faces sideways (sleeps on her side) with the baby facing towards the mother. This position is suitable for breastfeeding mothers who give birth by caesarean section or after going through a difficult birth, but this position is not suitable for mothers with large breasts. One of the advantages of this position is that it is easy for the mother to rest while breastfeeding. Mothers must be careful, because if the mother falls asleep, the breasts can block the baby's respiratory tract, which will endanger the baby. Therefore, the mother must stay awake while breastfeeding or have someone else supervise, for example her husband and family.

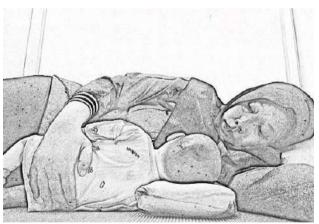


Figure 4. Side lying position (*Lying Down*)

#### B. Correct Breastfeeding Techniques

- 1. Mother and baby body position
  - a. Mother sits or lies down relaxedly
  - b. Hold the baby on the back of the shoulder, not on the base of the head
  - c. The baby's body faces the mother's body
  - d. Bring the baby's chest to the mother's chest, or the bottom of the mother's breasts
  - e. Place the baby's chin on the mother's breast

f. In this position, the baby's ears will be in line with the baby's neck and arms





- g. Keep the baby's nose away from the mother's breast by supporting the baby's bottom with the mother's arm
- 2. Signs of correct breastfeeding position
  - a. The baby's head and body are in one line
  - b. The baby's face should be facing the breast, nose facing the nipple
  - c. The mother should hold the baby's body close to her body
  - d. If the baby is a newborn, the mother must support the baby's entire body, not just the head and shoulders
- 3. Attachment of the baby's mouth to the breast
  - a. The breast is held with the thumb on top, and the other fingers support the bottom of the breast (forming the letter C)



Figure 6. Breast Holding Position (Shaping the Letter C)

- b. Babies are given stimulation to open their mouths by touching the cheek with the nipple or touching the side of the mouth with the nipple
- c. Wait until the baby reacts by opening his mouth wide and sticking out his tongue
- d. Quickly bring the baby closer to the mother's breast by moving the baby's back shoulder
- e. Position the nipple above the baby's upper lip and facing the baby's nose. Try to get some of the breast canal (the dark colored part of the breast) into the baby's mouth
- f. Once the baby is sucking well, the breast no longer needs to be supported



Figure 7. Baby's Mouth Attachment<sup>4</sup>

- 4. Signs of a good baby attachment while breastfeeding
  - a. The baby's front body is attached to the mother's body
  - b. Most of the breast tubes (the dark colored part of the breast) enter the baby's mouth, not just the nipple, and the circles of the breast tubes that are still visible, the top part is more than the bottom part.
  - c. The chin touches the mother's breast
  - d. Mouth wide open
  - e. The baby's nose approaches and sometimes touches the mother's breast
  - f. The baby's lower lip is curved out
  - g. The baby sucks strongly and deeply, slowly and sometimes with pauses (stopping for a moment) which indicates that his mouth is full of breast milk, and these pauses are an opportunity for the baby to swallow the breast milk.
  - h. The baby is satisfied and calm at the end of feeding
  - i. The nipples do not feel sore or sore
  - j. Mothers can hear the sound of the baby when swallowing breast milk
- 5. Signs that the baby's mouth is not attaching well to the breast
  - a. The position of the baby's lips is more forward, like sucking with a straw
  - b. The cheeks appear sunken, because not much of the breast fills the baby's mouth
  - c. There is a clicking sound when breastfeeding
  - d. Didn't hear the baby swallowing breast milk
  - e. The mouth was released from the breast then the mouth moved in all directions, frantically searching for the nipple
  - f. The nipples feel sore, and the pain continues for several minutes afterward.
- 6. How to let go of baby sucking

Insert your little finger into the baby's mouth from the corner of the mouth or press the baby's chin down. Do not forcefully pull when removing the nipple, as this can cause injury.

7. How to burp a baby

The benefit of burping a baby is to expel air sucked in during breastfeeding, by:

- a. Sit and swing
  - Sit the baby in a sideways position on the mother's lap, the baby rests on one of the mother's hands, the other hand is on the baby's back then gently pat or rub the baby's back until it burps.
- b. Put the baby on your shoulder

Hold the baby in an upright position, lean on the mother's shoulders, support the baby's back and buttocks, then gently pat or rub the baby's back until it burps.

c. Put the baby on your lap

The baby is put to sleep on his stomach in the mother's lap, then gently patted or rubbed the baby's back until he burps.







Figure 8. Position of Burping a Baby

- 8. Signs that the baby is satisfied after breastfeeding
  - a. The baby appears calm, sleepy or sleeping soundly
  - b. The baby removes his mother's nipple
  - c. The baby seems no longer interested in breast milk
- C. Length and Frequency of Breastfeeding
  - 1. Unscheduled breastfeeding
  - 2. Both breasts are fed alternately
  - 3. The length of breastfeeding depends on each baby, normally babies breastfeed in between 5-30 minutes
  - 4. There are no strict rules regarding the frequency with which babies breastfeed. Usually babies breastfeed every 2-3 hours, at least 8 times/24 hours in the 2-3rd week, then 10-12 times/24 hours.
  - 5. Try to breastfeed each time until the breast is empty, then move to the other breast.
- D. Signs that your baby is getting enough breast milk
  - 1. Baby urinates 6-8 times/24 hours
  - 2. The baby's bowel movements are yellowish "seedy", the frequency is frequent and the color becomes lighter on the fifth day after birth
  - 3. The baby looks satisfied after drinking breast milk
  - 4. Breasts feel soft and empty after breastfeeding
  - 5. The baby's motor skills are developing well, marked by the baby's active movements and motor development according to his age
  - 6. The baby's skin color is red, not yellow and the skin feels supple
  - 7. The baby's weight and height increase according to the growth chart
  - 8. The baby looks satisfied and sleeps well

## ASSESSMENT SHEET HEALTH EDUCATION CORRECT BREASTFEEDING TECHNIQUES

A	ATTITUDE	
N O	ITEMS TO BE ASSESSED	MARK
1.	Welcome and introduce yourself to clients in a friendly and polite manner	
	(greet, say name, smile)	
	0. Are not done	
	1. Done imperfectly	
	2. Perfectly done	
2.	Tested to invite clients to sit down and be communicative	
	0. Are not done	
	1. Done with just words	
	2. Done with speech and body language	
3.	Confident (calm, clear voice, fluent)	
	0. Looks nervous, doesn't make eye contact, voice is unclear	
	1. Hasty and looks hesitant	
	2. Look calm and act confidently	
4.	Carry out effective communication during inspections and actions	
	Criteria: Indonesian/culturally appropriate, eye contact, clear verbal, intonation	
	0. Are not done	
	1. Performed less than 3 criteria	
	2. Perfectly done	
5.	Provide a sense of empathy for clients	
	0. Are not done	
	1. Giving clients the opportunity to submit complaints does not respond well	
	2. Provide opportunities for clients to submit complaints and immediately provide	
	good responses	
Tota	l ATTITUDE score (maximum 10)	
В	CONTENT	
HEA	LTH EDUCATION CORRECT BREASTFEEDING TECHNIQUES	
6.	Explain the aims and objectives	
	0. Are not done	
	1. Just explain the intent or purpose	
	2. Explain the aims and objectives of health education	
7.	Tested to carry out apperception regarding correct breastfeeding techniques	
	0. Not done	
	1. Asking the client about the correct breastfeeding techniques that he knows and	
	blaming him for being wrong	
	2. Ask the client about the correct breastfeeding techniques that he knows and do not	
	blame him even if what is mentioned is wrong	
8.	Tested to wash hands before and after the procedure	
	0. Not done	
	1. Wash hands only before or after the action	
	2. Wash your hands before and after the action properly	
9.	Tested to teach clients to wash their hands	
	0. Not done	
	1. Teaching clients incorrectly	
	2. Teach clients properly	
10.	Invite clients to sit relaxed and comfortable	
	0. Not done	
I	1. Invite the client to just sit down	

	2. Invite the client to sit in a relaxed and comfortable manner, with the back straight	
	and parallel to the back of the chair and the feet are supported so that they do not	
	hang	
11.	Invite the client to remove upper clothing	
	0. Not done	
	1. Undress the client for breastfeeding	
	2. Invite clients to undress themselves to breastfeed and assist if necessary	
12.	Teach the client to apply a small amount of breast milk to the nipple and areola	
12.	0. Not done	
	1. Teach the client to apply a small amount of breast milk to the nipple only	
	2. Teach the client to apply a small amount of breast milk to the nipple and surrounding	
	areola	
13.	Teach the client to hold the baby with one arm, the baby's head rests in the crook	
13.		
	of the mother's elbow and the baby's bottom rests on the arm*	
	0. Not done or done imperfectly	
1.4	2. Done perfectly	
14.	Teach the client to attach the baby's stomach to the mother's stomach by placing	
	one hand of the baby behind the mother's body and the other in front, the baby's	
	head facing the breast *	
	0. Not done or done imperfectly	
	2. Done perfectly	
15.	Teach clients to position the baby with ears and arms in a straight line*	
	0. Not done or done imperfectly	
	2. Done perfectly	
16.	Teach the client to hold the breast with the thumb on top and the other fingers	
	supporting the bottom and do not just press the nipple or areola*	
	0. Not done or done imperfectly	
	2. Done perfectly	
17.	Teaching the client to stimulate the opening of the baby's mouth: Touching the	
	cheek with putting milk or touching the corner of the baby's mouth*	
	0. Not done or done imperfectly	
	2. Done perfectly	
18.	After the baby opens his mouth, teach the client to quickly bring the baby's head	
	closer to the mother's breast, then insert the nipple and most of the areola into the	
	baby's mouth *	
	0. Not done or done imperfectly	
	2. Done perfectly	
19.	Once the baby starts sucking, advise the mother not to hold or support the breast	
	any more*	
	0. Not done or done imperfectly	
	2. Done perfectly	
20.	Encourage clients to pay attention to the baby while breastfeeding*	
	0. Not done or done imperfectly	
	2. Done perfectly	
21.	Teach clients how to release the baby's sucking:*	
	• The little finger is inserted into the baby's mouth through the corner of the mouth	
	OR	
	The baby's chin is pressed down	
	O. Not done or done imperfectly	
	2. Done perfectly	
22.	After finishing breastfeeding, teach the client to apply a little breast milk to the	
	nipple and areola. Let it dry by itself*	
	0. Not done or done imperfectly	
	2. Done perfectly	
	Z. Done perfectly	

23.	Teach the client to burp the baby:	1
	• The baby is held upright by leaning on the mother's shoulder and then the back	I
	is gently patted until the baby burps (if it doesn't burp, wait $10 - 15$ minutes)	I
	<u>OR</u>	I
	• The baby is placed on his stomach in the mother's lap, then the upper back is	I
	gently patted until the baby burps (if he doesn't burp, wait $10 - 15$ minutes)	I
	0. Not done	I
	Not done     Done imperfectly	I
	2. Done perfectly	I
24	Teach the client to always breastfeed both breasts alternately	
24.		I
		I
	1. Explain incompletely and clearly	I
2.5	2. Explain completely and clearly	1
25.	Encourage to breastfeed the baby whenever the baby wants (on demand)	I
	0. Are not done	I
	1. Give incorrect advice	I
	2. Give advice correctly	1
26.	Tested using media	Ì
	0. Are not done	Ì
	1. Using media but not effectively	I
	2. Use media effectively and correctly	I
27.	Tested provides the opportunity to ask questions, provide feedback	
	0. Are not done	I
	1. Give clients the opportunity to ask what they don't understand and don't immediately	I
	provide an answer	I
	2. Provide the client with the opportunity to ask questions that are not understood and	I
	immediately provide responses to the client's questions	I
Tota	l score content CORRECT BREASTFEEDING TECHNIQUES PENKES	<u> </u>
	imum 44)	I
	TECHNIQUE	
28.	Tested to do it systematically	
20.	0. Are not done	I
	Perform some actions or not in sequence	I
	2. Perform actions sequentially	I
29.		<b>!</b>
29.		1
	Proven to apply infection prevention techniques	
	0. Are not done	
	<ul><li>0. Are not done</li><li>1. Implementing inappropriate infection prevention techniques</li></ul>	
30	<ol> <li>Are not done</li> <li>Implementing inappropriate infection prevention techniques</li> <li>Implement appropriate infection prevention techniques</li> </ol>	
30.	<ol> <li>Are not done</li> <li>Implementing inappropriate infection prevention techniques</li> <li>Implement appropriate infection prevention techniques</li> <li>Tested to communicate during the inspection</li> </ol>	
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31. 32.	<ol> <li>Are not done</li> <li>Implementing inappropriate infection prevention techniques</li> <li>Implement appropriate infection prevention techniques</li> <li>Tested to communicate during the inspection</li> <li>Are not done</li> <li>Carry out communication but use language/words that are difficult for the client to understand</li> <li>Carry out communication in language that is easy for clients to understand</li> <li>Using language that is easy to understand</li> <li>Some still use medical terms</li> <li>Use language that is easy for clients to understand</li> <li>Some still use medical terms</li> <li>Use language that is easy for clients to understand</li> <li>Gives attention to each answer</li> <li>Are not done</li> <li>Give attention and provide reinforcement</li> <li>Give attention and provide reinforcement</li> <li>Maintain client privacy</li> <li>Are not done</li> <li>Maintain privacy by saying/demonstrating closing the door/simply covering it</li> <li>Maintain privacy by saying and demonstrating closing the door/scoop</li> </ol>	

	1.	Documenting the results of actions but not completely				
	2.	Completely document the results of the action (date, time, content/results of the				
		action, signature, full name)				
35.	Tes	sted in responding to cases and theories				
	0.	Not mastering cases or theory				
	1.	Only master cases or theories				
	2.	Master theory and cases well				
Tota	Total technical score (maximum 16)					
THE	THE TOTAL VALUE OF CORRECT BREASTFEEDING TECHNIQUES HEALTH					
	EDUCATION EDUCATION					

- Tools prepared:1. Breasts glued to clothes2. Babies with human-like heads, arms and legs
- 3. Shirt with front buttons

COMPETENCE	SHOES MAX	ACHIEVEME
		NT SCORE
Attitude	10	
Content:		
Penkes Correct Breastfeeding Techniques *	44	
Technique	16	
TOTAL CORRECT BREASTFEEDING TECHNIQUES PENDKES SCORES	70	

### PASS LIMIT VALUE 70

Total Achievement Score VALUE = x 100 =
Maximum Total Score
tudents are declared: Competent / Not Competent (cross out anything that doesn't pply)
EVALUATOR
LVILLOITOR

# ASSESSMENT SHEET HEALTH EDUCATION HOW TO BREASTFEED TWINS

A	ATTITUDE				
N O	ITEMS TO BE ASSESSED	MARK			
1.	Welcome and introduce yourself to clients in a friendly and polite manner				
	(greet, say name, smile)				
	0. Are not done				
	1. Done imperfectly				
	2. Perfectly done				
2.	Tested to invite clients to sit down and be communicative				
	0. Are not done				
	1. Done with just words				
	2. Done with speech and body language				
3.	Confident (calm, clear voice, fluent)				
	0. Looks nervous, doesn't make eye contact, voice is unclear				
	1. Hasty and looks hesitant				
	2. Look calm and act confidently				
4.	Carry out effective communication during inspections and actions				
	Criteria: Indonesian/culturally appropriate, eye contact, clear verbal, intonation				
	0. Are not done				
	1. Performed less than 3 criteria				
	2. Perfectly done				
5.	Provide a sense of empathy for clients				
	0. Are not done				
	1. Giving clients the opportunity to submit complaints does not respond well				
	2. Provide opportunities for clients to submit complaints and immediately provide				
	good responses				
Tota	l ATTITUDE score (maximum 10)				
В	CONTENT				
HEA	LTH EDUCATION HOW TO BREASTFEED TWINS				
6.	Explain the aims and objectives				
	0. Are not done				
	1. Just explain the intent or purpose				
	2. Explain the aims and objectives of health education				
7.	Tested to carry out apperception on how to breastfeed twins				
	0. Not done				
	1. Asking the client about the correct breastfeeding techniques that he knows and				
	blaming him for being wrong				
	2. Ask the client about the correct breastfeeding techniques that he knows and do not				
	blame him even if what is mentioned is wrong				
8.	Tested to wash hands before and after the procedure				
	0. Not done				
	1. Wash hands only before or after the action				
	2. Wash your hands before and after the action properly				
9.	Tested to teach clients to wash their hands				
	0. Not done				
	1. Teaching clients incorrectly				
	2. Teach clients properly				
10.	Invite clients to sit relaxed and comfortable				
	0. Not done				
	1. Invite the client to just sit down				

	2. Invite the client to sit in a relaxed and comfortable manner, with the back straight and parallel to the back of the chair and the feet are supported so that they do not hang	
11.	Invite the client to remove upper clothing	
11.	0. Not done	
	1. Undress the client for breastfeeding	
	2. Invite clients to undress themselves to breastfeed and assist if necessary	
12.	Teach the client to apply a small amount of breast milk to the nipple and areola	
	0. Not done	
	1. Teach the client to apply a small amount of breast milk to the nipple only	
	2. Teach the client to apply a small amount of breast milk to the nipple and surrounding	
	areola	
13.	Teach the client to place both babies with the baby's stomach facing the mother's	
	stomach on the right and left side, the baby's head facing the breast*	
	0. Not done or done imperfectly	
	2. Done perfectly	
14.	Teach clients to hold each baby in one arm, the baby's head resting on the mother's	
1	palm, and the baby's buttocks resting on the elbow of the arm*	
	1. Not done or done imperfectly	
	3. Done perfectly	
15	Teach clients to position the baby with ears and arms in a straight line*	
15.		
	1. Not done or done imperfectly	
1.6	3. Done perfectly	
16.	Asking the family to stimulate the opening of the baby's mouth: Touching the cheek	
	with putting milk or touching the corner of the baby's mouth*	
	1. Not done or done imperfectly	
	3. Done perfectly	
17.	After the baby opens his mouth, ask the family to quickly bring the baby's head	
	closer to the mother's breast, then insert the nipple and most of the areola into the	
	baby's mouth *	
	0. Not done or done imperfectly	
	3. Done perfectly	
18.	Once the baby starts sucking, encourage the family not to hold or support the breast	
	again*	
	1. Not done or done imperfectly	
	3. Done perfectly	
19.	Encourage the client to pay attention to both babies while breastfeeding alternately*	
17.	1. Not done or done imperfectly	
	2. Done perfectly	
20	Teach the family how to release the baby's sucking:*	
20.		
	• The little finger is inserted into the baby's mouth through the corner of the mouth	
	OR The second se	
	• The baby's chin is pressed down	
	0. Not done or done imperfectly	
	2. Done perfectly	
21.	After finishing breastfeeding, teach the client to apply a little breast milk to the	
	nipple and areola. Let it dry by itself*	
	0. Not done or done imperfectly	
	Done perfectly	
22.	Teach the client to burp the baby:	
	• The baby is held upright by leaning on the mother's shoulder and then the back	
	is gently patted until the baby burps (if it doesn't burp, wait $10 - 15$ minutes)	
	OR	
	• The baby is placed on his stomach in the mother's lap, then the upper back is	
	gently patted until the baby burps (if he doesn't burp, wait $10 - 15$ minutes)	
	0. Not done	
	Not done     Done imperfectly	
	1. Done imperieury	

	2. Done perfectly	
23.	Teach the client to always breastfeed both breasts alternately	
	0. Not done	
	Explain incompletely and clearly	
	2. Explain completely and clearly	
24.	Encourage to breastfeed the baby whenever the baby wants (on demand)	
	0. Are not done	
	Give incorrect advice	
	2. Give advice correctly	
25.	Tested using media	
	0. Are not done	
	Using media but not effectively	
	2. Use media effectively and correctly	
26.	Tested provides the opportunity to ask questions, provide feedback	
	0. Are not done	
	1. Give clients the opportunity to ask what they don't understand and don't immediately	
	provide an answer	
	2. Provide the client with the opportunity to ask questions that are not understood and	
	immediately provide responses to the client's questions	
Tota	ll score content PENKES HOW TO BREASTFEED TWINS (maximum 42)	
	TECHNIQUE	
27.	Tested to do it systematically	
	0. Are not done	
	1. Perform some actions or not in sequence	
	2. Perform actions sequentially	
28.	Proven to apply infection prevention techniques	
	0. Are not done	
	Implementing inappropriate infection prevention techniques	
20	2. Implement appropriate infection prevention techniques	
29.	Tested to communicate during the inspection	
	0. Are not done	
	Carry out communication but use language/words that are difficult for the client to understand	
	Carry out communication in language that is easy for clients to understand	
30.	Tested using language that is easy to understand	
] 50.	0. Using language that is easy to understand	
	Some still use medical terms	
	Use language that is easy for clients to understand	
31.	Tested to pay attention to each answer	
	0. Are not done	
	Gives attention but does not provide reinforcement	
	2. Give attention and provide reinforcement	
32.	Maintain client privacy	
	0. Are not done	
	1. Maintain privacy by saying/demonstrating closing the door/simply covering it	
	2. Maintain privacy by saying and demonstrating closing the door/scoop	
33.	Tested to document the results of actions well	
	0. Are not done	
	Documenting the results of actions but not completely	
	2. Completely document the results of the action (date, time, content/results of the	
	action, signature, full name)	

34. Tested in responding to cases and theories			
	0. Not mastering cases or theory		
	1. Only master cases or theories		
	2. Master theory and cases well		
Total technical score (maximum 16)			
TOT	TOTAL VALUE OF HEALTH EDUCATION ON HOW TO BREASTFEED TWINS		

- Tools prepared:1. Breasts glued to clothes2. Babies with human-like heads, arms and legs3. Shirt with front buttons

COMPETENCE	SHOES MAX	ACHIEVEME NT SCORE
Attitude	10	
Content:		
- Penkes how to breastfeed twins *	42	
Technique	16	
TOTAL PENDKES SCORES FOR HOW TO BREASTFEED TWINS	68	

### PASS LIMIT VALUE 70

Total Achievement Score VALUE = x 100 =				
Maximum Total Score	X 100 –			
Students are declared: Competent / Not apply)	t Competent (cross out anything that doesn't			
	EVALUATOR			
	EVALUATOR			

## **Clinical/Field/Laboratory Practice Module Format (9)**

1	Module theme	:	Difficulties and complications of the postpartum and breastfeeding period	
2	Course / Code	:	Postnatal and breastfeeding midwifery care/ Bd.5.015	
3	Number of credits	:	2 P	
4	Time Allocation	:	2 x 170 minutes	
5	Semester	:	III	
6	Objective	:	After completing this course, students are expected to be able to understand the difficulties and complications of postpartum and breastfeeding mothers	
7	Module Overview	:	In this module, we teach how to understand the difficulties and complications of postpartum and breastfeeding mothers	
8	Student Characteristics	:	This module is intended for third semester students of the DIII midwifery study program who have taken part in theoretical learning about the difficulties and complications of postpartum and breastfeeding mothers.	
9	Competency Targets	:	Understanding the complications and complications of the postpartum and breastfeeding period (postpartum infections)	
10	Achievement Indicators	:	Students are able to understand complications and complications (postpartum infections: reproductive organ infections, urinary tract infections, breast infections and thrombophlebitis)	
11	Learning materials	:	Attached	
12	Learning strategies	:	Forms of responsive learning, simulation/presentation learning methods and group discussions	
13	Learning Support Facilities	:	Laboratory practice module	
14	Procedure (if	:	Simulation/presentation in large groups	
	required)		Group responses and discussions in small groups	
15	Evaluation Method		Response, group discussion	
16	Valuation Method		Paper assessment	
17	bibliography		<ul> <li>Wahyuningsih, WP. 2016. Bahan Ajar Kebidanan : Asuhan Kebidanan Nifas dan Menyusui. Jakarta : PUSDIKNAKES BPPSDM KES KEMENKES RI</li> <li>Modul Asuhan Kebidanan Nifas dan Menyusui. 2013. Pusdiknakes Badan PPSDM Kes KEMENKES RI :         <ul> <li>Modul 1 : Adaptasi nifas</li> <li>Modul 2 : Kebutuhan dasar ibu masa nifas</li> <li>Modul 3 : Asuhan kebidanan masa nifas</li> <li>Modul 4 : Penyulit dan komplikasi masa nifas</li> <li>Modul praktikum 1 : petunjuk praktikum nifas</li> <li>Modul praktikum 2 : petunjuk praktikum nifas</li> </ul> </li> <li>KEMENKES RI. 2019. Panduan Pelayanan Pasca Persalinan bagi Ibu dan Bayi baru lahir. Jakarta : KEMENKES RI</li> <li>KEMENKES RI. 2013. Buku Saku Pelayanan Kesehatan Ibu di Fasilitas Kesehatan Dasar dan Rujukan. Jakarta :</li> </ul>	

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5 1
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Prepared by	Checked by	Confirmed by
Course Coordinator	Study Program Secretary	Head of Department Representative
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<u>Diki Retno Yuliani, SST, M.Tr. Keb</u> NIP. 198607122009122002	Puji Hastuti, Ahli (A),MH.Kes NIP.197502222008122001	<u>Dr. Walin, SST, M.Kes</u> NIP. 196504231988032002

### Material

### Difficulties and Complications of the Postpartum and Breastfeeding Period

### A. Postpartum infections

Postpartum infection is an infection in and through the genital tract after childbirth. A temperature of 38 0C or more occurs between days 2-10 post partum and is measured orally at least 4 times a day. An increase in body temperature that occurs during the postpartum period is considered a postpartum infection if no extragenital causes are found.

Some predisposing factors are malnutrition or malnutrition, anemia, lack of hygiene, fatigue, problematic labor (prolonged/obstructed labor, chorioamnionitis, traumatic labor, poor infection prevention process, excessive manipulation).

### 1. Reproductive organ infections

Mothers are at risk of post-partum infections due to wounds from placental detachment, lacerations in the genital tract including episiotomies on the perineum, vaginal walls and cervix. Infection can be caused by endogenous bacteria and exogenous bacteria. The predisposing factors are poor nutrition, iron deficiency, prolonged labor, membrane rupture, episiotomy, sc.

Several types of reproductive organ infections:

a. Perineal and abdominal wound infections (wound cellulitis)

Caused by unclean conditions and poor infection prevention measures in wound management.

Signs of symptoms

- Wound pain and soreness
- The wound hardens/indurates
- Get out of the pussy
- Redness

### Management

- If there is pus and fluid in the wound, open it and do the extraction
- The infected area is removed and debrided
- If the infection is small, there is no need for antibiotics
- If the infection is relatively superficial, give ampicillin 500 mg orally every 6 hours and metronidazole 500 mg orally 3 times/day for 5 days
- If the infection is deep and involves the muscles and causes necrosis, give penicillin G 2 million U IV every 4 hours (or ampicillin inj 1 g 4x/day) plus gentamicin 5 mg/kg BW per day IV once plus metronidazole 500 mg IV every 8 hours, until heat-free for 24 hours. If there is necrotic tissue, it must be removed. Perform secondary stitches 2-4 weeks after the infection has improved.
- Give hygiene advice and use clean, frequently changed sanitary napkins.

### b. Cervical infection

### c. Metritis/endometritis/endomyometritis

Infection of the uterus most often occurs in the endometrium (endometritis), but if it is more severe it will go beyond the endometrium and spread. Usually germs enter the endometrium through the wound where the placenta was inserted. Metritis is one of the biggest causes of maternal death.

Symptoms that are always present are lower abdominal pain, purulent and smelly lochia, tense uterus and subinvolution. Meanwhile, other symptoms that may be present are vaginal bleeding, increased white blood cells and shock, subfebrile.

If treatment is delayed or inadequate, pelvic abscess, peritonitis, septic shock, deep vein thrombosis, pulmonary embolism, chronic pelvic infection, dyspareunia, tubal blockage and infertility can result.

### Management

- Give a transfusion if needed. Give packed red cells
- Give broad-spectrum antibiotics in high doses: ampicillin 2 g IV then 1 g every 6 hours plus gentamicin 5 mg/kg BW IV in a single dose/day and metronidazole 500 mg IV every 8 hours. Continue this antibiotic until the mother is unresponsive for 24 hours
- Consider prophylactic antitetanus administration
- If placental remains are suspected, remove them (digitally/with a wide curette)
- If there is pus, do drainage (if necessary, colpotomy), the mother is in Fowler's position
- If there is no improvement with conservative treatment and there are signs of generalized peritonitis, perform a laparotomy and remove the pus. If the uterus is necrotic and septic on evaluation, perform a hysterectomy.

### d. Pelvic abscess

Pelvic abscess is characterized by lower abdominal pain, enlargement of the lower abdomen, persistent fever, which does not improve with antibiotics and swelling of the adnexa or doglas cavity.

### Management

- If the abscess shows signs of fluid fluctuations in the cul-de-sac area, perform a colpotomy/laparotomy. Mother in Fowler's position
- Give broad-spectrum antibiotics in high doses: ampicillin 2 g IV then 1 g every 6 hours plus gentamicin 5 mg/kg BW IV in a single dose/day and metronidazole 500 mg IV every 8 hours. Continue this antibiotic until the mother is unresponsive for 24 hours.

### e. Peritonitis

Postpartum infection can spread through the lymph vessels in the uterus directly to the peritoneum, causing peritonitis. Peritonitis is characterized by fever, lower abdominal pain, absent bowel sounds. Sometimes symptoms of stomach tension and anorexia/vomiting occur.

### Management

- Perform nasogastric suction
- Give infusion (NcCl/RL)
- Give antibiotics: ampicillin 2 g IV then 1 g every 6 hours plus gentamicin 5 mg. kg BW IV single dose/day and metronidazole 500 mg IV every 8 hours. Continue this antibiotic until the mother is unresponsive for 24 hours.
- Laparotomy is required for abdominal cleaning (peritoneal lavage)

#### 2. Breast infection

### a. Mastitis

#### Definition:

Mastitis is an infection/inflammation of the breast. Occurs in the 3-4th week after delivery

### Reason:

- Swollen breasts that are not breastfed adequately can eventually lead to mastitis.
- Chafed nipples will make it easier for germs to enter and cause swollen breasts.
- A bra that is too tight can result in segmental engorgement. If you don't breastfeed adequately, mastitis can occur.
- Mothers who have a bad diet, don't get enough rest, or are anemic will easily get infections.

### Symptom:

- Temperature > 38 0C
- Swollen/tense, breast tenderness
- There is inflammation that precedes the dam
- Redness with clear boundaries of the breast

- Usually only one breast

### Management:

- Breastfeeding continues. First the baby is fed on the affected breast as long and as often as possible, so that the breast is empty, then on the normal breast.
- Give a cold compress.
- Change your breastfeeding position from time to time, namely lying down, sitting or holding a ball (foot ball position).
- Wear loose and supportive clothes/bra.
- Get enough rest, nutritious food.
- Drink lots of around 2 liters/day.
- Give cloxacillin 500 mg every 6 hours for 10 days. If given before an abscess forms, complaints will usually decrease
- If necessary, give paracetamol 500 mg orally every 4 hours
- Follow developments 3 days after administering treatment

### b. Breast abscess

Breast abscess is a continuation of mastitis. This is caused by widespread infection / inflammation in the breast.

#### Symptom:

- Temperature > 38 0C
- Palpable solid, hardened mass under the reddish skin
- Fluctuations in the swelling can be found
- There is pus

### Management:

- Make an incision to remove pus;
  - Radial incision from the center near the edge of the areola to the edge so as not to cut the milk duct
  - Crack the pus sac with tissue forceps or your fingers
  - Insert tampon and drain, remove after 24 hours
- Give cloxacycline 500 mg every 6 hours for 10 days
- Give paracetamol 500 mg every 4 hours if necessary
- Mothers are encouraged to continue providing breast milk, feeding babies on healthy breasts.
- Milk from a sore breast is temporarily squeezed but not fed
- Support your breasts
- Cold compress
- Follow up after giving treatment for 3 days

### 3. Tromphoplebitis

The most frequent extension of postpartum infection is the expansion or invasion of pathogenic microorganisms which follow the bloodstream along the veins and their branches until thariombus form in the veins and thrombophlebitis occurs.

### Predisposing factors

- a. Obesity
- b. Increased maternal age and higher parity
- c. Previous history is supportive
- d. Anesthesia and surgery with the possibility of long trauma to the state of the venous vessels
- e. Anemia maternal
- f. Hypothermia or heart disease
- g. Endometritis
- h. Varicostitis

### Classification

a. Pelviotromboflebitis

Pelviothrombophlebitis affects the veins of the uterine wall and broad ligament, namely the ovarian vein, uterine vein and hypogastric vein. The vein most often affected is the right ovarian vein due to infection at the placental implantation site. Located at the top of the uterus; The process is usually unilateral. The extension of infection from the left ovarian vein is to the renal vein, while the extension of infection from the right ovarian vein is to the inferior vena cava. The peritoneum, which covers the right ovarian vein, becomes inflamed and will cause perisalpingo-oophoritis and periappendicitis. The extension of infection from the uterine vein is to the common iliac vein.

### Clinical picture

- Pain in the lower abdomen and/or sides, appearing on the 2-3rd day of the postpartum period with or without fever

The patient appears seriously ill with the following characteristics:

- o Shivering repeatedly. The initial shivering occurs very heavily (30-40 minutes) at intervals of only a few hours and sometimes 3 days. When shivering, the patient is almost no longer hot
- o Body temperature rises and falls sharply (36 0C to 40 0C), which is followed by a decrease in temperature in 1 hour (usually subfebrile as in endometritis)
- o The disease can last for 1-3 months
- o Pus tends to form, which spreads everywhere, especially to the lungs Blood picture:
- o There is leukocytosis (although once the endotoxin spreads into the circulation, leukopenia may soon occur)
- o To make a blood culture, blood is taken just before the shivering begins. Although bacteria are found in the blood during shivering, blood cultures are very difficult to make because the bacteria are anaerobic
- During the internal examination, almost nothing was found because the most affected was the ovarian vein, which is difficult to reach during the internal examination.

### Complications

- In the lungs: infarction, abscess, pneumonia
- Left kidney: sudden pain followed by proteinuria and hematuria
- In joints, eyes and subcutaneous tissue

### Handling

- Hospitalization: the patient is on bed rest to monitor symptoms of the disease and prevent pulmonary embolism
- Medical therapy: administration of antibiotics (ampicillin, gentamicin and metronidazole), heparin (if signs/suspected pulmonary embolism occurs)
- Operative therapy: ligation of the inferior vena cava and ovarian veins if the septic emboli continues to reach the lungs, even though heparinization is being carried out
- b. Femoral thrombophlebitis (painful white phlegm)

Femoral thrombophlebitis affects the veins in the legs, for example the femoral vein, popliteal vein and saphenous vein

### Clinical assessment:

- The general condition remains good, the body temperature is subfebrile for 7-10 days, then the temperature suddenly rises about the 10-20th day, which is accompanied by chills and pain
- On one of the affected legs, usually the left leg will show the following signs:
  - o The leg is slightly flexed and rotated out and difficult to move, hotter than the other legs
  - o All parts of one of the veins in the leg feel tense and tight in the upper thigh
  - o Severe pain in the groin and thigh area
  - o Reflective spasm of the arteries will occur so that the legs become swollen, tense, white, painful and cold, the pulse decreases

- o Edema sometimes occurs before or after pain and is generally found in the upper thighs, but more often begins in the toes and ankles, then extends from bottom to top
- o Pain in the calf, which can occur spontaneously or by massaging the calf or by moving the Achilles tendon (Homan's sign)

#### Handling:

- Treatment: elevate the leg to reduce edema, apply compression to the leg. After mobilization, the foot should remain wrapped in elastic or wear long, elastic socks for as long as possible
- Considering the mother's condition is very bad, it is best not to breastfeed
- Medical therapy: administration of antibiotics and analgesics

### PAPER EVALUATION FORM

	r Title :							
	entation Date :							
Mem	bers of the group : (Nama, NIM	<b>(</b> )						
1.						• • • • • •		
2.								
3.		• • • • • • • • • • • • • • • • • • • •				• • • • • •		
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No	Evaluation Criteria	Weigh	1		1	1	Value x	Is
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A	PREPARATION	1.5						
1	Consult with a supervisor	15						
В	PAPER							
1	CHAPTER I: Introduction	15						
2	CHAPTER II: Theory Review/	50						
	Discussion							
3	CHAPTER III: Conclusion	5						
4	bibliography	15						
	Amount	100						
Mark Mark	x = (Value x weight)/4 x =			Pı	ırwok			
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(.....)

## **Clinical/Field/Laboratory Practice Module Format (10)**

1	Module theme	:	Basic midwifery skills procedures and education on midwifery care during the postpartum and breastfeeding period	
2	Course / Code	:	Postnatal and breastfeeding midwifery care/ Bd.5.015	
3	Number of credits	:	2 P	
4	Time Allocation	:	2 x 170 minutes	
5	Semester	:	Ш	
6	Objective	:	After completing this course, students are expected to be able to	
			practice basic midwifery skills procedures and education on	
			midwifery care during the postpartum and breastfeeding period.	
7	Module Overview	:	In this module, we teach how to practice basic midwifery skills	
			procedures and education on midwifery care during the postpartum	
			and breastfeeding period (danger signs).	
8	Student	:	This module is intended for third semester students of the DIII	
	Characteristics		midwifery study program who have taken part in theoretical	
			learning about the difficulties and complications of postpartum and	
9	Compotonov		breastfeeding mothers.  Carrying out basic midwifery skill procedures and education on	
9	Competency Targets	:	midwifery care during the postpartum and breastfeeding period	
	Targets		(health workers for danger signs during the postpartum and	
			breastfeeding period)	
10	Achievement	:	Students are able to:	
	Indicators		• carry out basic midwifery skill procedures and education on	
			midwifery care during the postpartum and breastfeeding	
			period (health workers for danger signs during the postpartum	
			and breastfeeding period)	
11	Learning materials	:	Attached	
12	Learning strategies	:	Forms of practical/demonstration learning, responses, tutorial	
			learning methods	
13	Learning Support	:	Laboratory practice module	
	Facilities		Flip sheets and leaflets	
			Checklist Simulated nations	
14	Procedure (if	:	Simulated patient Practicum/demonstration in large groups	
14	required)	•	Tutorial/redemonstration, response in small groups	
	required)		1 atorial reactions auton, response in sman groups	
15	Evaluation Method		Redemonstration, response	
16	Valuation Method		Observation using checklists	
17	bibliography		Wahyuningsih, WP. 2016. Bahan Ajar Kebidanan : Asuhan	
			Kebidanan Nifas dan Menyusui. Jakarta : PUSDIKNAKES	
			BPPSDM KES KEMENKES RI	
			Modul Asuhan Kebidanan Nifas dan Menyusui. 2013.	
			Pusdiknakes Badan PPSDM Kes KEMENKES RI:	
			Modul 1 : Adaptasi nifas	
			<ul> <li>Modul 2 : Kebutuhan dasar ibu masa nifas</li> </ul>	
			<ul> <li>Modul 3 : Asuhan kebidanan masa nifas</li> </ul>	
			<ul> <li>Modul 4 : Penyulit dan komplikasi masa nifas</li> </ul>	
		1	<ul> <li>Modul praktikum 1 : petunjuk praktikum nifas</li> </ul>	
			Modul praktikum 2 : petunjuk praktikum nifas	

	>	KEMENKES RI. 2019. Panduan Pelayanan Pasca Persalinan
		bagi Ibu dan Bayi baru lahir. Jakarta : KEMENKES RI
		KEMENKES RI. 2013. Buku Saku Pelayanan Kesehatan Ibu
		di Fasilitas Kesehatan Dasar dan Rujukan. Jakarta :
		KEMENKES RI
		PUSDIKNAKES. 2015. Buku Ajar Kesehatan Ibu dan Anak.
		Jakarta : PUSDIKNAKES BPPSDM KES KEMENKES RI
		KEMENKES RI. 2014. Pegangan Fasilitator Kelas Ibu Hamil.
		Jakarta : KEMENKES RI
		KEMENKES RI. 2020. Buku Kesehatan Ibu dan Anak.
		Jakarta : KEMENKES RI
		Yuliani, DR. Sumiyati. Winarso, SP. 2021. Modul Kelas
		Persiapan Menyusui. Semarang : Poltekkes Kemenkes
		Semarang
		Sulfianti, dll. 2021. Asuhan Kebidanan Pada Masa Nifas.
		Medan: Yayasan Kita Menulis
		KEMENKES RI. 2020. Pedoman bagi Ibu Hamil, Bersalin,
		Nifas dan Bayi Baru Lahir di Era Pandemi COVID-19 Revisi
		1. Jakarta : KEMENKES RI
		Sentra Laktasi Indonesia. Buku Saku Bantuan Menyusui pada
		Situasi Bencana
		Jan M. Kriebs, Helen Varney, Carolyn L. Gegor. 2007. Buku
		ajar asuhan kebidanan vol.2
		Kesehatan, Jakarta
		F. Garry Cunningham, William Obstetri, 2010
		Bobak, Buku Ajar Keperawatan Maternitas, 2004
		Harry Oxorn, Ilmu Kebidanan : Patologi dan Fisiologi
		Persalinan, Yayasan Essentia Medica, 2007

Prepared by	Checked by	Confirmed by
Course Coordinator	Study Program Secretary	Head of Department Representative
Diki Retno Yuliani, SST, M.Tr. Keb NIP. 198607122009122002		Program  REKTORAT JENDERAT  ENAGA KESEHATAN  Walin, SST, M.Kes  NIP. 196504231988032002

# ASSESSMENT SHEET HEALTH EDUCATION ON DANGER SIGNS IN PUBTER WOMEN

A	ATTITUDE	
N O	ITEMS TO BE ASSESSED	MARK
1.	Welcome and introduce yourself to clients in a friendly and polite manner	
	(greet, say name, smile)	
	0. Are not done	
	1. Done imperfectly	
	2. Perfectly done	
2.	Tested to invite clients to sit down and be communicative	
	0. Are not done	
	1. Done with just words	
	2. Done with speech and body language	
3.	Confident (calm, clear voice, fluent)	
	0. Looks nervous, doesn't make eye contact, voice is unclear	
	1. Hasty and looks hesitant	
	Look calm and act confidently	
4.	Carry out effective communication during inspections and actions	
	Criteria: Indonesian/culturally appropriate, eye contact, clear verbal, intonation	
	0. Are not done	
	1. Performed less than 3 criteria	
-	2. Perfectly done	
5.	Provide a sense of empathy for clients	
	0. Are not done	
	1. Giving clients the opportunity to submit complaints does not respond well	
	2. Provide opportunities for clients to submit complaints and immediately provide	
Tota	good responses  l ATTITUDE score (maximum 10)	
В	CONTENT	
	LTH EDUCATION DANGER SIGNS OF PUMP	
6.	Explain the aims and objectives	
0.	0. Are not done	
	Just explain the intent or purpose	
	2. Explain the aims and objectives of health education	
7.	Tested to carry out apperception regarding danger signs during the postpartum	
, ·	period	
	0. Not done	
	1. Asking the client about the danger signs of the postpartum period that he knows and	
	blaming him because the ones mentioned are wrong	
	2. Asking the client about the danger signs of the postpartum period that he knows and	
	not blaming him even if what he says is wrong	
8.	Mention the danger signs during the postpartum period	
	0. Not done	
	Mentioning the danger signs during the postpartum period is not complete	
	2. Mention the danger signs of the postpartum period in full	
9.	Explain the signs of infection during the puerperium (increase in temperature >	
	38 <sup>the</sup> C; smelly lochea) and its effect on the postpartum period	
	0. Not done	
	Explain incompletely and clearly	
	2. Explain completely and clearly	

10.	Explain the signs of vaginal bleeding during the postpartum period and its effect on	
	the postpartum period	
	0. Not done	
	1. Explain incompletely and clearly	
1.1	2. Explain completely and clearly	
11.	Explains headaches, epigastric pain, blurred vision and their impact on the	
	postpartum period 0. Not done	
	Not done     Explain incompletely and clearly	
	Explain incompletely and clearly     Explain completely and clearly	
12.	Explains swelling in the face, extremities and its effect on the postpartum period	
12.	0. Not done	
	Not done     Explain incompletely and clearly	
	Explain incompletely and clearly     Explain completely and clearly	
13.	Explains fever, vomiting, pain when urinating and its effect on the postpartum	
13.	period	
	0. Not done	
	Explain incompletely and clearly	
	Explain completely and clearly	
14.	Explains breasts that turn red, hot, painful and their impact on the postpartum	
	period	
	0. Not done	
	1. Explain incompletely and clearly	
	2. Explain completely and clearly	
15.	Explains the pain, redness, tenderness, swelling in the legs and its effect on the	
	postpartum period	
	0. Not done	
	1. Explain incompletely and clearly	
	Explain completely and clearly	
16.	Explains the loss of appetite for a long time and its effect on the postpartum period	
	0. Not done	
	1. Explain incompletely and clearly	
17	2. Explain completely and clearly	
17.	Explains feelings of sadness or inability to care for the baby and yourself  0. Not done	
	Not done     Explain incompletely and clearly	
	Explain incompletely and clearly     Explain completely and clearly	
18.	Explain to come to the clinic immediately if you experience danger signs during the	
10.	postpartum period	
	0. Not done	
	Explain incompletely and clearly	
	2. Explain completely and clearly	
19.	Conduct evaluation	
	0. Are not done	
	Asking whether it is clear or not, or asking the client to repeat himself but not paying	
	attention to whether it is correct or not.	
	2. Asking whether it is clear/not and asking the client to repeat it again, paying	
	attention to whether it is correct/wrong and correcting if there are errors.	
20.	Tested using media	-
	0. Are not done	
	1. Using media but not effectively	
	2. Use media effectively and correctly	

21.	Tested provides the opportunity to ask questions, provide feedback	
	0. Are not done	
	1. Give clients the opportunity to ask what they don't understand and don't immediately	
	provide an answer	
	2. Provide the client with the opportunity to ask questions that are not understood and	
	immediately provide responses to the client's questions	
Tota	dl score content PENKES SIGNS OF POTENTIAL DANGER (maximum 32)	
	TECHNIQUE	
22.	Tested to do it systematically	
	0. Are not done	
	Perform some actions or not in sequence	
	2. Perform actions sequentially	
23.	Proven to apply infection prevention techniques	
	0. Are not done	
	Implementing inappropriate infection prevention techniques	
	2. Implement appropriate infection prevention techniques	
24.	Tested to communicate during the inspection	
	0. Are not done	
	1. Carry out communication but use language/words that are difficult for the client to	
	understand	
	2. Carry out communication in language that is easy for clients to understand	
25.	Tested using language that is easy to understand	
	0. Using language that the client does not understand	
	1. Some still use medical terms	
	2. Use language that is easy for clients to understand	
26.	Tested to pay attention to each answer	
	0. Are not done	
	Gives attention but does not provide reinforcement	
	2. Give attention and provide reinforcement	
27.	Maintain client privacy	
	0. Are not done	
	1. Maintain privacy by saying/demonstrating closing the door/simply covering it	
	2. Maintain privacy by saying and demonstrating closing the door/scoop	
28.	Tested to document the results of actions well	
	0. Are not done	
	1. Documenting the results of actions but not completely	
	2. Completely document the results of the action (date, time, content/results of the	
	action, signature, full name)	
29.	Tested in responding to cases and theories	
	0. Not mastering cases or theory	
	Only master cases or theories	
	2. Master theory and cases well	
Tota	ll technical score (maximum 16)	
TOT	TAL VALUE OF HEALTH EDUCATION ON DANGER SIGNS IN POLLING	
WO	MEN	

Tools prepared: flip sheet

COMPETENCE	SHOES MAX	ACHIEVEMENT SCORE
Attitude	10	
Content:		
- Penkes Danger Signs of Postpartum *	32	
Technique	16	
TOTAL SCORES OF DANGER SIGNS IN POLLUTION WOMEN	58	

## 

## Clinical/Field/Laboratory Practice Module Format (11)

1	Module theme	:	Basic midwifery skills procedures in midwifery care during the postpartum and breastfeeding period
2	Course / Code	:	Postnatal and breastfeeding midwifery care/ Bd.5.015
3	Number of credits	:	2 P
4	Time Allocation	:	2 x 170 minutes
5	Semester	:	III
6	Objective	:	After completing this course, students are expected to be able to practice basic midwifery skill procedures in postpartum and breastfeeding midwifery care.
7	Module Overview	:	This module teaches you how to practice basic midwifery skills procedures in midwifery care during the postpartum and breastfeeding period (anamnesa).
8	Student Characteristics	:	This module is intended for third semester students of the DIII midwifery study program who have taken part in theoretical learning about midwifery care for postpartum and breastfeeding mothers.
9	Competency Targets	:	Procedures for basic midwifery skills and education in midwifery care during the postpartum and breastfeeding period: Anamnesis of postpartum mothers
10	Achievement Indicators	:	Students are able to practice basic midwifery skills procedures and education on midwifery care during the postpartum period and breastfeeding: anamnesis for postpartum mothers
11	Learning materials	:	Attached
12	Learning strategies	:	Practical/demonstration and response forms of learning Tutorial/simulation learning method
13	Learning Support Facilities	:	Laboratory practice module Flip sheets and leaflets Checklist Simulated patient
14	Procedure (if required)	:	Practicum/simulation/demonstration in large groups Tutorial/redemonstration and response in small groups
15	Evaluation Method		Redemonstrasi
16	Valuation Method		Observation using a checklist
17	bibliography		<ul> <li>Wahyuningsih, WP. 2016. Bahan Ajar Kebidanan : Asuhan Kebidanan Nifas dan Menyusui. Jakarta : PUSDIKNAKES BPPSDM KES KEMENKES RI</li> <li>Modul Asuhan Kebidanan Nifas dan Menyusui. 2013. Pusdiknakes Badan PPSDM Kes KEMENKES RI :         <ul> <li>Modul 1 : Adaptasi nifas</li> <li>Modul 2 : Kebutuhan dasar ibu masa nifas</li> <li>Modul 3 : Asuhan kebidanan masa nifas</li> <li>Modul 4 : Penyulit dan komplikasi masa nifas</li> <li>Modul praktikum 1 : petunjuk praktikum nifas</li> <li>Modul praktikum 2 : petunjuk praktikum nifas</li> </ul> </li> <li>KEMENKES RI. 2019. Panduan Pelayanan Pasca Persalinan bagi Ibu dan Bayi baru lahir. Jakarta : KEMENKES RI</li> <li>KEMENKES RI. 2013. Buku Saku Pelayanan Kesehatan Ibu di Fasilitas Kesehatan Dasar dan Rujukan. Jakarta : KEMENKES RI</li> </ul>

<ul> <li>PUSDIKNAKES. 2015. Buku Ajar Kesehatan Ibu dan Anak. Jakarta : PUSDIKNAKES BPPSDM KES</li> </ul>
KEMENKES RI
➤ KEMENKES RI. 2014. Pegangan Fasilitator Kelas Ibu
Hamil. Jakarta : KEMENKES RI
➤ KEMENKES RI. 2020. Buku Kesehatan Ibu dan Anak.
Jakarta : KEMENKES RI
Yuliani, DR. Sumiyati. Winarso, SP. 2021. Modul Kelas
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Semarang
Sulfianti, dll. 2021. Asuhan Kebidanan Pada Masa Nifas.
Medan: Yayasan Kita Menulis
➤ KEMENKES RI. 2020. Pedoman bagi Ibu Hamil, Bersalin,
Nifas dan Bayi Baru Lahir di Era Pandemi COVID-19
Revisi 1. Jakarta : KEMENKES RI
> Sentra Laktasi Indonesia. Buku Saku Bantuan Menyusui
pada Situasi Bencana
➤ Jan M. Kriebs, Helen Varney, Carolyn L. Gegor. 2007.
Buku ajar asuhan kebidanan vol.2
Saifudin A.B et al (2009) Buku Acuan Nasional Pelayanan
Kesehatan, Jakarta
F. Garry Cunningham, William Obstetri, 2010
Bobak, Buku Ajar Keperawatan Maternitas, 2004
> Harry Oxorn, İlmu Kebidanan : Patologi dan Fisiologi
Persalinan, Yayasan Essentia Medica, 2007

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### **ANAMNESE**

- Identity of mother and husband:
  - No
  - Age
  - Tribe/nationality
  - Religion
  - Education
  - Work
  - Address
- Psychosocial data
  - Mother's emotional state
  - Mother's response to her baby
  - Mother's response to him
  - Family response to mother and baby
  - Mother's knowledge about the time of delivery
  - Current complaints, for example sadness/depression
- Birth history
  - Place of birth
  - Helper
  - Types of childbirth
  - Complications
- Baby's health history
  - Date of birth
  - BB, Gender, Apgar Score
  - Abnormalities
- Pattern of daily needs
  - Eat and drink

What he eats and drinks, how much, how often, are there any restrictions.

Elimination

What is the frequency of urination and defecation, the amount, is there pain/dysuria when defecating, and what is the consistency when defecating.

Rest

How long do you rest during the day and night, do you experience sleep disturbances, do you experience fatigue?

Ambulation

Has the mother ambulated, how often, did she have difficulty, with help/by herself, did the mother get dizzy when ambulating?

Personal hyangiene

Do you keep your whole body clean, do you keep your genitals clean, how do you do it, how many times do you change sanitary napkins, do you wash your hands before and after cleaning your genitals?

# ASSESSMENT SHEET ANAMNESIS IN PUBTER MOTHERS

A	ATTITUDE	
N O	ITEMS TO BE ASSESSED	MARK
1.	Welcome and introduce yourself to clients in a friendly and polite manner	
	(greet, say name, smile)	
	0. Are not done	
	1. Done imperfectly	
	2. Perfectly done	
2.	Tested to invite clients to sit down and be communicative	
	0. Are not done	
	1. Done with just words	
	2. Done with speech and body language	
3.	Confident (calm, clear voice, fluent)	
	0. Looks nervous, doesn't make eye contact, voice is unclear	
	1. Hasty and looks hesitant	
4	2. Look calm and act confidently	
4.	Carry out effective communication during inspections and actions	
	Criteria: Indonesian/culturally appropriate, eye contact, clear verbal, intonation  0. Are not done	
	Performed less than 3 criteria	
	2. Perfectly done	
5.	Provide a sense of empathy for clients	
٥.	0. Are not done	
	Giving clients the opportunity to submit complaints does not respond well	
	2. Provide opportunities for clients to submit complaints and immediately provide	
	good responses	
Tota	l ATTITUDE Score (Maximum 10)	
В	CONTENT	
	ANAMNESE	
6.	Ask for the identity of the client and husband	
0.	Includes name, age, education, occupation, address of client and husband	
	0. Not done / did not ask age	
	1. Asking the age and partial identity of the client/husband (< 3)	
	2. Asking the client's age and identity (≥ 3)	
7.	Ask why you came	
/.	0. Are not done	
	1 2 Ask about the reason for coming to the health worker	
8	2. Ask about the reason for coming to the health worker  Asking the main complaint or what the client felt during the assessment including	
8.	Asking the main complaint or what the client felt during the assessment including	
8.	Asking the main complaint or what the client felt during the assessment including what, since when, intensity, things that aggravate/ease	
8.	Asking the main complaint or what the client felt during the assessment including what, since when, intensity, things that aggravate/ease  0. Are not done	
8.	Asking the main complaint or what the client felt during the assessment including what, since when, intensity, things that aggravate/ease  0. Are not done  1. Asking is not perfect	
	Asking the main complaint or what the client felt during the assessment including what, since when, intensity, things that aggravate/ease  0. Are not done  1. Asking is not perfect  2. Asking perfectly	
9.	Asking the main complaint or what the client felt during the assessment including what, since when, intensity, things that aggravate/ease  0. Are not done 1. Asking is not perfect 2. Asking perfectly  History of health/diseases that have been and are currently being experienced as	
	Asking the main complaint or what the client felt during the assessment including what, since when, intensity, things that aggravate/ease  0. Are not done 1. Asking is not perfect 2. Asking perfectly  History of health/diseases that have been and are currently being experienced as well as history of inherited/infectious diseases in the family	
	Asking the main complaint or what the client felt during the assessment including what, since when, intensity, things that aggravate/ease  0. Are not done 1. Asking is not perfect 2. Asking perfectly  History of health/diseases that have been and are currently being experienced as well as history of inherited/infectious diseases in the family  0. Are not done	
	Asking the main complaint or what the client felt during the assessment including what, since when, intensity, things that aggravate/ease  0. Are not done 1. Asking is not perfect 2. Asking perfectly  History of health/diseases that have been and are currently being experienced as well as history of inherited/infectious diseases in the family  0. Are not done  1. Ask only about a history of illnesses that have been or are currently experienced or	
	Asking the main complaint or what the client felt during the assessment including what, since when, intensity, things that aggravate/ease  0. Are not done 1. Asking is not perfect 2. Asking perfectly  History of health/diseases that have been and are currently being experienced as well as history of inherited/infectious diseases in the family  0. Are not done 1. Ask only about a history of illnesses that have been or are currently experienced or inherited/infectious diseases in the family only	
9.	Asking the main complaint or what the client felt during the assessment including what, since when, intensity, things that aggravate/ease  0. Are not done 1. Asking is not perfect 2. Asking perfectly  History of health/diseases that have been and are currently being experienced as well as history of inherited/infectious diseases in the family  0. Are not done 1. Ask only about a history of illnesses that have been or are currently experienced or inherited/infectious diseases in the family only  2. Ask completely	
	Asking the main complaint or what the client felt during the assessment including what, since when, intensity, things that aggravate/ease  0. Are not done 1. Asking is not perfect 2. Asking perfectly  History of health/diseases that have been and are currently being experienced as well as history of inherited/infectious diseases in the family  0. Are not done 1. Ask only about a history of illnesses that have been or are currently experienced or inherited/infectious diseases in the family only	
9.	Asking the main complaint or what the client felt during the assessment including what, since when, intensity, things that aggravate/ease  0. Are not done 1. Asking is not perfect 2. Asking perfectly  History of health/diseases that have been and are currently being experienced as well as history of inherited/infectious diseases in the family  0. Are not done 1. Ask only about a history of illnesses that have been or are currently experienced or inherited/infectious diseases in the family only  2. Ask completely  Ask about menstrual history (leukorrhea, viscosity and amount)	

11.	Ask about the history of previous pregnancies, childbirth and childbirth Year pregnant to, ANC frequency and complaints/complications. Delivery:	
	Gestational age, type, helper, IMD, sex and weight of baby, complications. Postpartum: Complications and Exclusive Breastfeeding. Child's current conditions Life/death age condition	
	condition: Life/death, age, condition  0. Are not done	
	1. Ask about the history of previous pregnancies, births, puerperiums (< 10)	
	2. Asking completely (≥ 10)	
12.	Ask about the history of pregnancy, childbirth and postpartum now	
	Year pregnant to, ANC frequency and complaints/complications, Childbirth:	
	Gestational age, type, helper, IMD, gender and weight of baby, complications.	
	Postpartum: Complications and Exclusive Breastfeeding. Child's current	
	condition: Life/death, age, condition	
	0. Are not done	
	<ol> <li>Ask about the history of previous pregnancies, births, puerperiums (&lt; 10)</li> <li>Asking completely (≥ 10)</li> </ol>	
12		
13.	Asking about family planning history includes: a. contraceptive devices ever used, b. length of use, c. Complaints during use, d. reason for release, e. plan to use alkon	
	after delivery	
	0. Are not done	
	1. Asking incomplete (< 4)	
	<ol> <li>Ask completely (≥ 4)</li> </ol>	
14.	Ask about nutritional patterns (frequency, type, portions and complaints)	
	0. Not done	
	1. Asking incomplete (< 3)	
	2. Ask completely (≥ 3)	
15.	Asking about the mother's elimination of BAK and defecation (time, frequency,	
	consistency and complaints) 0. Not done	
	1. Asking incomplete (< 3)	
	2. Ask completely (≥ 3)	
16.	Ask about activity patterns and physical exercise (mobilization, postpartum	
10.	exercise/sports)	
	0. Not done	
	1. Inquire incomplete	
	2. Ask completely	
17.	Ask about the mother's rest pattern (time, duration and complaints)	
	0. Not done	
	1. Asking incomplete (< 2)	
10	2. Ask completely (\ge 2)	
18.	Ask about sexual activity after giving birth (yet/not, frequency, complaints)  0. Not done	
	1. Asking incomplete (< 2)	
	2. Ask completely (≥ 2)	
19.	Ask about personal hygiene patterns (bathing, changing clothes, brushing teeth,	
-2.	how to clean the vulva, and changing sanitary napkins)	
	0. Not done	
	1. Asking incomplete (< 3)	
	2. Ask completely (≥ 3)	
20.	Ask about smoking habits, drinking alcohol, consuming illegal drugs, having pets,	
	and stomach massage	
	0. Are not done	
	1. Asking incomplete (< 3)	
	2. Ask completely (≥ 3)	

_		
21.	Ask about breastfeeding patterns (when was the first feeding, exclusive	
	breastfeeding, frequency, complaints and complications)	
	0. Are not done	
	1. Asking incomplete (< 3)	
	2. Ask completely (≥ 3)	
22.	Ask about iron consumption (how to take it, when and dose)	
22.	0. Not done	
	1. Asking incomplete (< 2)	
22	2. Ask completely (≥ 2)	
23.	Ask about vitamin A consumption (when and dose)	
	0. Not done	
	1. Asking incomplete	
	2. Ask completely	
24.	Asking for psychosocial spiritual data	
	Includes marital history, expected pregnancy, coping mechanisms, living in the	
	same house, decision maker, people closest to you, customs, planned place of	
	delivery, monthly income, religious practices related to pregnancy, knowledge data	
	0. Are not done	
	1. Asking incomplete (< 8)	
	2. Ask completely (≥ 8)	
ANA	AMNESA Total Score Content (maximum 38)	
	TECHNIQUE	
	TECHNIQUE	
25.	Tested to do it systematically	
	0. Are not done	
	Perform some actions or not in sequence	
	2. Perform actions sequentially	
26.	Proven to apply infection prevention techniques	
	0. Are not done	
	Implementing inappropriate infection prevention techniques	
	Implement appropriate infection prevention techniques	
27.	Tested to communicate during the inspection	
	0. Are not done	
	1. Carry out communication but use language/words that are difficult for the client to	
	understand	
	2. Carry out communication in language that is easy for clients to understand	
28.	Tested using language that is easy to understand	
	0. Using language that the client does not understand	
	1. Some still use medical terms	
	2. Use language that is easy for clients to understand	
29.	Tested to pay attention to each answer	
	0. Are not done	
	Gives attention but does not provide reinforcement	
	2. Give attention and provide reinforcement	
30.	Maintain client privacy	
	0. Are not done	
	1. Maintain privacy by saying/demonstrating closing the door/simply covering it	
	2. Maintain privacy by saying and demonstrating closing the door/scoop	
31.	Tested to document the results of actions well	
	0. Are not done	
	Documenting the results of actions but not completely	
	2. Completely document the results of the action (date, time, content/results of the	
	action, signature, full name)	
32.	Tested in responding to cases and theories	
	0. Not mastering cases or theory	
	1. Only master cases or theories	
L	2. Master theory and cases well	
	<u>-</u>	

Total technical score (maximum 16)	
TOTAL VALUE OF ANAMNESIS IN POSTPARTUM WOMEN	

Prepared tools: blank folio paper

COMPETENCE	SHOES MAX	ACHIEVEMENT SCORE
Attitude	10	
Content:		
- Anamnesis	38	
Technique	16	
TOTAL ANAMNESIS IN POSTPARTUM MOTHERS SCORES	64	

### PASS LIMIT VALUE 70

Total Achievement Score VALUE = x 100 =  Maximum Total Score
Students are declared: Competent / Not Competent (cross out anything that doesnapply)
EVALUATOR

## Clinical/Field/Laboratory Practice Module Format (12)

1	Module theme	:	Basic midwifery skills procedures in midwifery care during the postpartum and breastfeeding period
2	Course / Code	:	Postnatal and breastfeeding midwifery care/ Bd.5.015
3	Number of credits	:	2 P
4	Time Allocation	:	2 x 170 minutes
5	Semester	:	III
6	Objective	:	After completing this course, students are expected to be able to practice basic midwifery skill procedures in postpartum and breastfeeding midwifery care.
7	Module Overview	:	In this module, we teach how to carry out basic midwifery skill procedures in postpartum and breastfeeding midwifery care (physical examination).
8	Student Characteristics	:	This module is intended for third semester students of the DIII midwifery study program who have taken part in theoretical learning about midwifery care for postpartum and breastfeeding mothers.
9	Competency Targets	:	Procedures for basic midwifery skills and education in midwifery care during the postpartum period and breastfeeding: physical examination of postpartum mothers
10	Achievement Indicators	:	Students are able to practice basic midwifery skills procedures and education on midwifery care during the postpartum and breastfeeding period: physical examination of postpartum mothers
11	Learning materials	:	Attached
12	Learning strategies	:	Practical/demonstration and response forms of learning
			Tutorial/simulation learning method
13	Learning Support Facilities	:	Laboratory practice module Flip sheets and leaflets Checklist Simulated patient
14	Procedure (if required)	:	Practicum/simulation/demonstration in large groups Tutorial/redemonstration and response in small groups
15	Evaluation Method		Redemonstrasi
	Valuation Method		Observation using a checklist
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	2007

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<u>Diki Retno Yuliani, SST, M.Tr. Keb</u> NIP. 198607122009122002	Puji Hastuti, Ahli (A),MH.Kes NIP.197502222008122001	NIP. 196504231988032002

# ASSESSMENT SHEET PHYSICAL EXAMINATION OF POSTPARTUM WOMEN

A	ATTITUDE	
N O	ITEMS TO BE ASSESSED	MARK
1.	Welcome and introduce yourself to clients in a friendly and polite manner	
	(greet, say name, smile)	
	0. Are not done	
	1. Done imperfectly	
_	2. Perfectly done	
2.	Tested to invite clients to sit down and be communicative	
	0. Are not done	
	1. Done with just words	
2	2. Done with speech and body language	
3.	Confident (calm, clear voice, fluent)	
	0. Looks nervous, doesn't make eye contact, voice is unclear	
	Hasty and looks hesitant     Look colm and act confidently.	
4.	2. Look calm and act confidently  Carry out effective communication during inspections and actions	
4.	Criteria: Indonesian/culturally appropriate, eye contact, clear verbal, intonation	
	0. Are not done	
	1. Performed less than 3 criteria	
	2. Perfectly done	
5.	Provide a sense of empathy for clients	
٥.	0. Are not done	
	Giving clients the opportunity to submit complaints does not respond well	
	2. Provide opportunities for clients to submit complaints and immediately provide	
	good responses	
Tota	ATTITUDE score (maximum 10)	
В	CONTENT	
	SICAL EXAMINATION	
N O	ITEMS TO BE ASSESSED	MARK
6.	Wash your hands before and after the maneuver, with 6 steps and dry with a towel	
	0. Are not done	
	1. Wash your hands incompletely or only before/after performing the maneuver	
	2. Wash your hands thoroughly before and after the maneuver.	
7.	Explain the objectives & procedures for the actions to be carried out	
	0. Not done	
	<ol> <li>Just explain the purpose or procedure</li> <li>Explain the objectives and procedures for the actions to be carried out</li> </ol>	
8.	2. Explain the objectives and procedures for the actions to be carried out <b>Take BB measurements</b>	
0.	0. Are not done	
	1. Done with inappropriate procedures	
	2. Done properly	
9.	Invite the client to lie down on the bed and help undress as necessary	
/ .	0. Are not done	
	Just welcoming clients without helping	
	<ol> <li>Invite and help clients to bed and help undress as necessary</li> </ol>	

	Check general condition and vital signs	
	0. Didn't do/didn't check blood pressure	
	1. Carrying out inspections (< 3)	
	<ol> <li>Carry out a complete examination (≥ 3)</li> </ol>	
	HEAD, NECK and CHEST EXAMINATION	
11.	Check the present status of the head (head, face, eyes, nose, ears, mouth)	
	0. Are not done	
	1. Done incompletely or with inappropriate procedures	
	2. Done completely and correctly	
12.	Check the present status of the neck (jugular veins, thyroid gland, lymph nodes)	
	0. Are not done	
	1. Done incompletely or with inappropriate procedures	
	2. Done completely and correctly	
13.	Perform an examination of the present status of the armpit and chest (Chest: chest	
	wall retraction, breath sounds. Mammary: abnormal mass. Armpit: enlarged	
	lymph nodes/abnormal mass)	
	0. Are not done	
	1. Done incompletely or with inappropriate procedures	
	2. Done completely and correctly	
14.	Perform chest obstetric status examination (Mammae: nipples, breast milk,	
	swelling)	
	0. Are not done	
	1. Done incompletely or with inappropriate procedures	
	2. Done completely and correctly	
	ABDOMEN EXAMINATION	
15.	Perform a status examination of the present abdomen (abnormal masses, kidneys	
	and bladder)	
	0. Are not done	
	<ul><li>0. Are not done</li><li>1. Done incompletely or with inappropriate procedures</li></ul>	
	<ol> <li>Are not done</li> <li>Done incompletely or with inappropriate procedures</li> <li>Done completely and correctly</li> </ol>	
16.	<ol> <li>Are not done</li> <li>Done incompletely or with inappropriate procedures</li> <li>Done completely and correctly</li> <li>Perform an obstetric abdominal status check (TFU and contractions)</li> </ol>	
16.	<ol> <li>Are not done</li> <li>Done incompletely or with inappropriate procedures</li> <li>Done completely and correctly</li> <li>Perform an obstetric abdominal status check (TFU and contractions)</li> <li>Are not done</li> </ol>	
16.	<ol> <li>Are not done</li> <li>Done incompletely or with inappropriate procedures</li> <li>Done completely and correctly</li> <li>Perform an obstetric abdominal status check (TFU and contractions)</li> <li>Are not done</li> <li>Done imperfectly</li> </ol>	
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20.	Examination of the present status of the folds of the thigh, vulva and anus (lymph	
	nodes, enlargement of bartholin's glands, scene glands, varices, hemorrhoids)	
	0. Are not done	
	Carrying out inspections incompletely or using inappropriate procedures	
	Carry out inspections meompletely or using mappropriate procedures     Carry out inspections completely and precisely	
21.	Use gloves	
21.	0. Are not done	
	1. Using only one glove or using inappropriate procedures	
- 22	2. Use gloves on both hands correctly	
22.	Clean the vulva and perineum with wet cotton wool (warm water)	
	0. Do not do	
	1. Carrying out inspections with inappropriate procedures	
	2. Carry out proper inspections	
23.	Perform an obstetric status examination of the external genitalia (color, smell and	
	amount of loccheal discharge)	
	0. Do not do	
	1. Carrying out inspections incompletely or using inappropriate procedures	
	2. Carry out inspections completely and precisely	
24.	Perform an obstetric status examination of the perineum (signs of infection, stitches	
	and perineal wounds)	
	0. Do not do	
	1. Carrying out inspections incompletely or using inappropriate procedures	
	2. Carry out inspections completely and precisely	
25.	Wash hands with 0.5% chlorine solution and remove gloves upside down	
	0. Do not do	
	Carrying out incorrect procedures	
	2. Do it right	
26.	Help the patient get down and make the bed	
	0. Are not done	
	1. Only inviting clients in without helping or not making the bed	
	2. Help clients get out of bed and make the bed	
Tota	l score content PHYSICAL EXAMINATION (maximum 42)	
	<u> </u>	
	TECHNIQUE	
27.	Tested to do it systematically	
	0. Are not done	
	1. Perform some actions or not in sequence	
	2. Perform actions sequentially	
28.	Proven to apply infection prevention techniques	
	0. Are not done	
	1. Implementing inappropriate infection prevention techniques	
	2. Implement appropriate infection prevention techniques	
29.	Tested to communicate during the inspection	
	0. Are not done	
	1. Carry out communication but use language/words that are difficult for the client to	
	understand	
	2. Carry out communication in language that is easy for clients to understand	
30.	Tested using language that is easy to understand	·
	0. Using language that the client does not understand	
	1. Some still use medical terms	
	2. Use language that is easy for clients to understand	
31.	Tested to pay attention to each answer	
	0. Are not done	
	Gives attention but does not provide reinforcement	
	2. Give attention and provide reinforcement	
32.	Maintain client privacy	
	0. Are not done	
	Maintain privacy by saying/demonstrating closing the door/simply covering it	
	1. I will privacy by saying demonstrating crossing the door/simply covering it	

	2. Maintain privacy by saying and demonstrating closing the door/scoop	
33.	Tested to document the results of actions well	
	0. Are not done	
	Documenting the results of actions but not completely	
	2. Completely document the results of the action (date, time, content/results of the	
	action, signature, full name)	
34.	Tested in responding to cases and theories	
	0. Not mastering cases or theory	
	1. Only master cases or theories	
	2. Master theory and cases well	
Tota	al technical score (maximum 16)	
ТОТ	TAL VALUE OF PHYSICAL EXAMINATION OF POSTPARTUM WOMEN	

- Tools prepared:
  1. Scales (if any)
- Tension
   Thermometer
- 4. Shirt with front buttons
- 5. Padding (fabric bias)6. Foam cut (heating wound)7. Gloves
- 8. Cotton
- 9. Basin
- 10. Underpants
- 11. Bandage

COMPETENCE	SHOES MAX	ACHIEVEME NT SCORE
Attitude	10	
Content:		
- Physical examination	42	
Technique	16	
TOTAL PHYSICAL EXAMINATION FOR POSTPARTUM WOMEN SCORES	70	

### PASS LIMIT VALUE 70

Total Achievement Score VALUE = x 100 =	
Maximum Total Score	
Students are declared: Competent / Not Compete apply)	ent (cross out anything that doesn't
	EVALUATOR

## Clinical/Field/Laboratory Practice Module Format (13)

1	Module theme		Midwifery care for postpartum and breastfeeding mothers	
2	Course / Code	•	Postnatal and breastfeeding midwifery care/ Bd.5.015	
3	Number of credits	:	2 P	
4	Time Allocation	•	2 x 170 minutes	
5	Semester	•	III	
6	Objective	:	After completing this course, students are expected to be able to understand and practice midwifery care management for postpartum and breastfeeding mothers	
7	Module Overview		In this module, we teach how to understand and practice midwifery care management for postpartum and breastfeeding mothers	
8	Student Characteristics	••	This module is intended for third semester students of the DIII midwifery study program who have taken part in theoretical learning about the management of midwifery care for postpartum and breastfeeding mothers.	
9	Competency Targets	••	Understanding the management of midwifery care for postpartum and breastfeeding mothers: Postpartum mother is normal Postpartum mother with discomfort Postpartum mothers with complications/complications	
10	Achievement Indicators	•••	Students are able to understand the management of midwifery care for postpartum and breastfeeding mothers:  Postpartum mother is normal  Postpartum mother with discomfort  Postpartum mothers with complications/complications	
11	Learning materials	:	Attached	
12	Learning strategies		Practical/response learning forms, simulation/case study learning methods and group discussions	
13	Learning Support Facilities	:	Laboratory practice module	
14	Procedure (if required)	:	Simulation/presentation of case studies in large groups Group responses and discussions in small groups	
15	Evaluation Method		Response, group discussion	
16	Valuation Method		Paper assessment	
17	bibliography		<ul> <li>Wahyuningsih, WP. 2016. Bahan Ajar Kebidanan : Asuhan Kebidanan Nifas dan Menyusui. Jakarta : PUSDIKNAKES BPPSDM KES KEMENKES RI</li> <li>Modul Asuhan Kebidanan Nifas dan Menyusui. 2013. Pusdiknakes Badan PPSDM Kes KEMENKES RI :         <ul> <li>Modul 1 : Adaptasi nifas</li> <li>Modul 2 : Kebutuhan dasar ibu masa nifas</li> <li>Modul 3 : Asuhan kebidanan masa nifas</li> <li>Modul 4 : Penyulit dan komplikasi masa nifas</li> <li>Modul praktikum 1 : petunjuk praktikum nifas</li> <li>Modul praktikum 2 : petunjuk praktikum nifas</li> </ul> </li> <li>KEMENKES RI. 2019. Panduan Pelayanan Pasca Persalinan bagi Ibu dan Bayi baru lahir. Jakarta : KEMENKES RI</li> </ul>	

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### A. FORMULATING THE DIAGNOSIS/ACTUAL PROBLEM

### a. Pain problems

Pain disorders often occur even without complications during childbirth, pain can be caused by:

### • Afterpains

After pain is a gripping pain (cramping) in the lower abdomen, which is often found on the 7th to 10th postnatal day. This pain is more common in multiparas, mothers experiencing multiple pregnancies, mothers with hydramnios. This pain can be amplified during the breastfeeding process, because oxytocin is released when the baby sucks

### • Perineal pain

Perineal pain can be caused by episiotomy/laceration/stitches.

### • Pain due to immobility

Mothers may feel muscle aches, from mild to severe due to pushing during the second stage and due to birth.

### • Breast pain

Mother may feel breast pain. Breasts become full and hard on the 3rd to 5th day after the mother gives birth to the baby. Signs and symptoms are that the mother feels her breasts are swollen, the breasts are distended, the breast skin becomes shiny and red, warm to the touch, breast veins can be seen, feel hard and painful.

### Hemorrhoids

During pregnancy some women experience bleeding because they tend to have problems with constipation and also because the uterus presses on the veins in the anus and rectum. During childbirth, hemorrhoids can get worse or some women get new hemorrhoids due to pressure on the fetus' head during birth and the mother's efforts to push. If you didn't suffer from hemorrhoids before pregnancy, it will disappear within a few weeks, but if you had hemorrhoids before pregnancy, it will get better a little in a few weeks but will not disappear.

### b. Infection problems

Infections in the post partum period can be caused by:

#### • Genital tract infections

More common in women with tears or abrasions of the vulva, vagina and perineum. Wounds will reduce tissue resistance to infection. This can be prevented by maintaining cleanliness in the vulva, vagina and perineum area.

### • Urinary tract infection

Post partum mothers are individuals who are at high risk of experiencing urinary tract infections due to bladder sensitivity due to stretching, trauma and retention of residual urine, bacteria that enter through the catheter insertion route and bladder trauma during the birth of the baby.

### Breast infection

Mastitis usually occurs in the 2nd or 4th week postpartum. Influencing factors include blocked milk ducts, low maternal endurance, fatigue or stress, unclean hands, and sore nipples.

### • Reproductive tract infections

Localized infection of the external genitalia

Caused by episiotomy/laceration that forms sutures, infected areas of the perineum, vulva, vagina, or abdominal incision

### Endometritis

Infection of the total endometrium and placental side.

### Parametritis (pelvic cellulitis)

Infection of the tissue around the uterus through the lymphatic system.

### c. Anxiety problem

Fear and anxiety often interfere with mothers caring for their babies and the postpartum period. Adjustment to becoming a parent is the most important criterion in transferring individual responsibility to the responsibility of adulthood. Therefore, to meet the mother's needs and get through this period the midwife must show empathy.

### d. Perineal care problems

In the post partum period a mother will be very susceptible to infection. Cleanliness is very important to prevent infection. Explain to the mother that it is very important to maintain cleanliness of the body, clothes, bed and environment to prevent infection. Teach mothers how to clean their genitals using soap and clean water every time after urinating or defecating. Before and after cleaning his genitals, he must wash his hands thoroughly. When washing her genitals, she should wash them from front to back, and wash the anus area last. He also has to change his sanitary napkins at least twice a day. Cloth sanitary napkins can be reused if washed thoroughly and dried in the sun.

### e. Breastfeeding problems

Talk to the mother about exclusive breastfeeding, the benefits of exclusive breastfeeding.

f. Breast care problems

Talk to the mother about breast care during the postpartum period.

g. Birth control issues

Ask the mother if she has decided when and how to plan her family, how much knowledge the mother has about her family.

h. Nutritional problems

In the post partum period, mothers need nutritious food to restore their health after giving birth and prepare to provide breast milk for their babies.

i. Danger sign

Most maternal deaths occur during the post partum period. Therefore, it is very important to educate the mother about the danger signs that indicate she needs immediate medical attention. Mothers must also know where to go to get help.

j. Postpartum exercise

There are various factors that determine a mother's readiness to start postpartum exercise:

- Maternal health before giving birth
- Long/difficult labor
- Is the baby fussy/easy to ask for care?
- Difficult postpartum adjustment for some reason

### 2. FORMULATE THE DIAGNOSIS/POTENTIAL PROBLEM

- a. Urinary disorders
- b. Defecation disorders
- c. Sexual intercourse disorders

### 3. PLANNING MIDWIFERY CARE

a. Continuous evaluation

General condition of mother, vitamin signs, breastfeeding process, relationship between mother and baby, umbilical cord care.

#### b. Pain disorders

- Afterpains
  - Ask the mother to lie face down and use a small pillow under her stomach, because this area can put continuous pressure on the uterus, causing it to contract.
     Tell the mother the pain will be intense for a few minutes, then decrease.
  - Give analgesics if necessary. If the mother is breastfeeding, give analgesics about 1 hour before the scheduled breastfeeding.

#### • Perineal pain

- Use a chemical ice bag/ice held with gloves to compress the perineal area. Give it for 20 minutes, then remove the compress and leave the perineal area for 10 minutes before putting it back.
- After the first few hours of birth, the mother can do a sitz bath, usually this action is recommended for 20 minutes, or three or four times a day if necessary. This type of bath has a cooling and cleansing effect.
- Pain due to immobility
  - Encourage early ambulation. Help mom and monitor as often as possible
- Breast pain
  - Teach mothers how to breastfeed properly and care for their breasts
- Hemorrhoids
  - Encourage the mother to lie on her side.
  - Teach the mother to reinsert the hemorrhoid with her fingers. To carry out this action, the mother needs to position herself on her side, apply lubricant to her fingers, then apply appropriate gentle pressure to the hemorrhoid, pushing it inward. He should hold his finger for 1 to 2 minutes, then pull it back. The anal sphincter will hold the hemorrhoids in place. Mothers should maintain a sideways position for some time.
  - Suggest measures to prevent constipation such as increasing fluid intake, dietary fiber, ambulating as soon as possible and using stool softeners as recommended.

#### c. Overcome anxiety

- Paying attention and congratulating the baby on the arrival can give the mother a happy feeling.
- In providing support or support, midwives can involve husbands, family and friends in caring for the baby so that it will reduce the mother's burden, which will create a good relationship between mother and family, mother and midwife or midwife and family.
- Midwives can provide information or counseling regarding the mother's needs during this period so that it will build the mother's confidence in her role as a mother.
- Support health education including education in their role as parents.
- Helps in the relationship between mother and baby and the acceptance of the baby into the family.
- d. Explains nutrition, birth control, danger signs, sexual relations, postpartum exercises, perineal care, daily baby care
- e. Provides comfort to mothers
- f. Helping mothers to breastfeed babies
  - Teach mothers how to breastfeed properly.
  - Teach how to burp a baby.
  - Explain the signs that a baby is getting enough breast milk.
- g. Facilitates parenthood

Do rooming-in / join care. Joint care is a system of caring for a baby that is combined with the mother so that the mother can carry out all basic care for the baby.

- h. Preparing the patient to go home
- i. Anticipatory guidance

Until now there has been no reference that explains the clear meaning of anticipatory guidance. If seen from the literal meaning, anticipatory means first, guidance means instructions. So anticipatory instructions can be interpreted as instructions that mothers need to know first in order to get through the postpartum period well.

In general, anticipatory guidance includes the relationship between:

- Mother
  - Perineum care
  - Breast care
  - Breast care during breast dams
  - Abdominal muscle training to be tighter: sit-ups, moving the chest, and leg muscle training
  - Kegel exercises (perineal tightening)
  - Doing vitamin activities/ambulation
  - Nutrition
  - Rest
  - Bathing/soaking in the bath or shower
  - Wash hair as desired
  - Normalcy after the baby blues
  - Call a midwife if you have any of the following: fever or chills, excessive bleeding, abdominal pain, pounding or painful chest and burning sensation with/without oedema.
  - Return for visits 2 weeks post partum and 4-6 weeks post partum
- Baby
  - How to breastfeed with a bottle
  - Burp
  - Bathing the baby
  - Put on a shirt
  - Circumcision treatment if performed
  - Umbilical cord care, how to lift, hold and carry a baby
  - How to change diapers
  - Prevention and treatment of diaper rash
  - Oiling and powdering
  - How to read a thermometer
  - How to use a pacifier
  - The meaning of a baby's cry
  - Call the midwife when:
    - Fever
    - Diarrhea
    - ISPA
    - Hard to eat
    - Crying constantly
    - Yellow skin
  - Bring the baby 2-4 weeks for check-ups and immunizations
- Mother's relationship with others
  - Sibling
  - Husband
  - Relationships between families
  - KB
  - Sexual intercourse
  - Division of tasks in carrying out baby care at home
- j. Early detection of complications in postpartum mothers

- Explain the danger signs of the postpartum period for the mother and her family:
  - Heavy and sudden increased bleeding from the vagina (more than the usual amount of menstruation)
  - Discharge from the vagina with a pungent odor
  - Pain in the lower abdomen/back
  - Persistent headache, epigastric pain, blurred vision
  - Edema in hands and feet
  - Fever, vomiting, pain when urinating or feeling unwell
  - Breasts that look red, hot and or painful
  - Loss of appetite for a long period of time
  - Pain, redness, tenderness and or edema in the legs
  - Feeling very sad or unable to care for yourself and your baby
  - Feeling very sad

#### k. Health education:

- Nutrition
- Hyangiene
- Perineum care
- Rest and sleep
- Ambulation

#### 4. IMPLEMENTATION OF MIDWIFERY CARE

- a. Independent action
- b. Collaboration
- c. Surveillance actiond. Education/counseling

#### 5. EVALUATION OF MIDWIFERY CARE

- a. Objectives of midwifery care
- b. The effectiveness of actions to overcome problems
- c. Outcomes of upbringing

### **Postpartum MIDWIFERY CARE CASE STUDY EVALUATION FORM**

	Paper Title	:		
	Presentation Date	:		
	Members of the gr	oup	: (Nama, NIM)	
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5.				

No	Evaluation Critaria	Weigh		Ma	ark		Value x	Is
110	No Evaluation Criteria	t	1	2	3	4	Weight	18
A	PREPARATION							
1	Consult with a supervisor	15						
В	PAPER							
1	CHAPTER I: Introduction	10						
2	CHAPTER II: Review of Theory	15						
3	CHAPTER III: Case Review	25						
4	CHAPTER IV: Discussion	20						
5	CHAPTER V: Closing	5						
6	bibliography	10					•	
	Amount	100					·	

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# FORM MIDWIFERY CARE FOR POSTPARTUM MOTHERS... NY......, P... A ..., AGE... YEARS,... POST PARTUM

#### I. ASSESSMENT

Person responsible

Date : Time : Place :

#### A. BIODATA

#### **B. SUBJECTIVE DATA**

- 1. Reason for Coming: Main Complaint:
- 2. Health History

First : Now : Family :

3. Marital HistoryMarital status :Age of first marriage :Long married :

4. Obstetric History:

a. Menstrual history

Menarche : Old : Lots : Cycle :

Dysmenorrhea: Yes No

## b. Pregnancy/childbirth history Ago:

					Complic	Postpart		C	hild's d	condition	ı	
No	Gestation al age	Aborti on	Type of delivery	Helper	ations/C omplicat	um conditio		Life			Dead	BB
					ions	n	Age	e JK BB	Age	JK	BB	

Now:
G P A
Place of birth :
Types of childbirth :
Childbirth complications :
Condition of placenta and umbilical cord :
Length of labor:
- Color I :
- Color II :
- Color III :
- Kala IV :
Amount of bleeding:
- Color I :
- Color II :
- Color III :
- Kala IV :
Total :
Baby condition:
Helped by :
Gender :
Date/time of birth:
$BB = \dots$ gram, $PB = \dots$ cm, $LK = \dots$ cm, $LD = \dots$ cm
APGAR score :
Congenital abnormalities :

#### Birth control history: 5.

	Types of		Start w	earing			Stop/cha	nge method	
No	contraceptio n	Date	By / Place	Complai nt	Old	Date	By / Place	Complain t	Old

	6.	Pattern of Basic Daily Needs	
		• Nutritional Patterns :	
		• Elimination Pattern :	
		Rest pattern :	
		• Activity patterns :	
		• Sex pole :	
		• Pola personal hygiene :	
		• Healthy lifestyle habits :	
		• Breastfeeding pattern :	
	7.	Psycho, social, spiritual, cultural	
		• Mother's response to him :	
		The mother's level of knowledge about her condition	:
		• Family response to the birth of a baby :	
		Obedience to worship	:
		• Coping :	
		• Decision maker :	
		• Influential environment :	
		• Economy :	
C.	OB	JECTIVE DATA	
-	1.	General condition :	
	••	Awareness :	
	2.	Vital signs	
	۷.	TD :	
		N :	
		P :	
		S :	
	3.	Physical examination	
	Э.	Head :	
		face :	
		Eye :	
		Nose :	
		Ears :	
		Mouth :	
		Neck :	
		Chest :	
		Abdomen :	
		Extremities :	
		Genetalia :	
		Anus :	
	4.	Obstetric Examination	
		• face	
		- Edema :	
		- Eye :	
		- Facial edema :	

• Breast

<ul><li>Swelling</li><li>Milk nipples</li></ul>	: :
- ASI, type	•
- Breast milk is good	dor not
• Abdomen	. or not
- Is SC scar	
- TFU	•
- Contraction	•
Genetalia	•
- PPV	
- Amount	
	: cc
- Type	:
- Color	:
- Smell	:
- Is there a suture wo	
<ul> <li>Stitched wound con</li> </ul>	nditions :
• Extremities :	
Supporting investigation	
	II. DIAGNOSES AND ACTUAL PROBLEMS
	III. DIAGNOSES AND POTENTIAL PROBLEMS
	IV. ANTICIPATE IMMEDIATE ACTION
	v. PLANNING
	VI. IMPLEMENTATION
	VII. EVALUATION
	Dogwood control
Clinical Supervisor	Purwokerto,
Clinical Supervisor	In practice
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5.

### Clinical/Field/Laboratory Practice Module Format (14)

1	Module theme	:	Evidence-based practice in postpartum and breastfeeding midwifery care			
2	Course / Code	:	Postnatal and breastfeeding midwifery care/ Bd.5.015			
3	Number of credits	:	2 P			
4	Time Allocation	:	2 x 170 minutes			
5	Semester	:	III			
6	Objective	:	After completing this course, students are expected to be able to understand <i>evidence-based practice</i> postnatal and breastfeeding midwifery care			
7	Module Overview	:	In this module, you are taught how to understand the material <i>evidence-based practice</i> postnatal and breastfeeding midwifery care			
8	Student Characteristics	:	This module is intended for third semester students of the DIII midwifery study program who have taken part in theoretical learning about midwifery care <i>evidence-based practice</i> postnatal and breastfeeding midwifery care			
9	Competency Targets	:	evidence-based practice postnatal and breastfeeding midwifery care			
10	Achievement Indicators	:	Students are able to understand <i>evidence-based practice</i> postnatal and breastfeeding midwifery care			
11	Learning materials	:	Attached			
12	Learning strategies	:	Forms of responsive learning, simulation/presentation learning methods and group discussions			
13	Learning Support Facilities	:	Laboratory practice module			
14	Procedure (if required)	:	Simulation/presentation in large groups Group responses and discussions in small groups			
15	Evaluation Method		Response, group discussion			
16	Valuation Method		Paper assessment			
17	bibliography		<ul> <li>Wahyuningsih, WP. 2016. Bahan Ajar Kebidanan :         Asuhan Kebidanan Nifas dan Menyusui. Jakarta :         PUSDIKNAKES BPPSDM KES KEMENKES RI</li> <li>Modul Asuhan Kebidanan Nifas dan Menyusui. 2013.         Pusdiknakes Badan PPSDM Kes KEMENKES RI :         <ul> <li>Modul 1 : Adaptasi nifas</li> <li>Modul 2 : Kebutuhan dasar ibu masa nifas</li> <li>Modul 3 : Asuhan kebidanan masa nifas</li> <li>Modul 4 : Penyulit dan komplikasi masa nifas</li> <li>Modul praktikum 1 : petunjuk praktikum nifas</li> <li>Modul praktikum 2 : petunjuk praktikum nifas</li> </ul> </li> <li>KEMENKES RI. 2019. Panduan Pelayanan Pasca Persalinan bagi Ibu dan Bayi baru lahir. Jakarta : KEMENKES RI</li> <li>KEMENKES RI. 2013. Buku Saku Pelayanan</li> </ul>			
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Prepared by	Checked by	Confirmed by
Course Coordinator	Study Program Secretary	Head of Department Representative
Sphol.		Program  REKTORAT JENDERALT TENAGA KESEHATAN *
Diki Retno Yuliani, SST, M.Tr. Keb NIP. 198607122009122002	Puji Hastuti, Ahli (A),MH.Kes NIP.197502222008122001	NIP. 196504231988032002

## MATERIAL EVIDENCE-BASED PRACTICE IN MIDWIFERY CARE IN THE POSTPARTUM AND BREASTFEEDING PERIOD

- 1. Understanding Evidence Based Practice (Midwifery Care Based on the Best Evidence) Implementation of midwifery care practices based on routine practice habits or clinical experience and based on the best evidence. The best evidence in question is research results that have been proven to be selected and recommended to improve the quality of midwifery care.
- 2. The principles in postpartum care that underlie the best evidence base and to optimize the health of the mother and baby
  - **a.** Woman centered: allows mothers to participate in decision making regarding their own care and that of their baby.
  - b. Postpartum care is carried out together with the team
  - c. Health services will facilitate appropriate and fair access so that mothers can access the closest services.
  - d. Postpartum care will be culturally appropriate but safe.
  - e. Postpartum care is holistic towards: problems, diverse needs, cultural and language backgrounds.
  - f. Collaborative and coordinated in health services and to optimize care and outcomes.
  - g. Ensure women have appropriate and consistent access to services across health care settings according to their needs.
  - h. Health services will promote safe, high-quality outcomes for women and families.
  - i. Accurate recording and reporting of data on women's access to postnatal care.
- 3. Postpartum Hemorrhage Detection
  - a. Bleeding can occur slowly over a period of several hours and the condition may not be recognized until shock occurs.
  - b. The volume of blood lost also varies as a result according to the mother's hemoglobin levels. A mother with normal Hb levels can sometimes adjust to blood loss, but blood loss can be fatal in anemia. Even a mother who is healthy and not anemic can experience fatal consequences from blood loss.
  - c. Estimated blood loss is usually not as much as actual blood loss, sometimes only half of normal. The blood is mixed with amniotic fluid or urine, blood is also spread on sponges, towels and cloths in buckets and the floor.

Evidence-based research studies show a shift in the recent development of the concept of postpartum hemorrhage, defined as a 10% decrease in hematocrit since admission or bleeding that requires blood transfusion. Postpartum hemorrhage is also defined by any volume of bleeding, but there is a change in signs.

- 4. WHO recommendations
  - a. Time for patient discharge from health facility
    After a normal delivery at a health facility, the mother and healthy newborn should receive
    care for at least 24 hours after delivery.
  - b. Time and amount of postpartum physical contact
    - If giving birth in a health facility, the mother and newborn must receive postpartum care at the facility for at least 24 hours after birth.
    - If birthing at home, the first postnatal contact should take place as early as possible within 24 hours of birth.
    - At least 3 postnatal physical contacts are recommended for all mothers and newborns, on day 3 (48-72 hours), between days 7 to 14 after birth, and 6 weeks after birth
  - c. Home visit

Home visits in the first week after birth are highly recommended for maternal and newborn care.

Care during the postpartum period includes the following:

1) The first 24 hours after birth

All postpartum women should have regular assessments of vaginal bleeding, uterine contractions, fundal height, temperature and heart rate (pulse) routinely during the first 24 hours starting from the first hour after delivery. Blood pressure should be measured immediately after delivery. If normal, a second blood pressure measurement should be performed within 6 hours. Urine voids should be documented within 6 hours.

- 2) More than 24 hours after birth
  - At each subsequent postnatal contact, inquiries should continue to be made about general well-being and an assessment made regarding the following: voiding and urinary incontinence, bowel function, perineal wound healing, headache, fatigue, back pain, perineal pain and perineal hygiene, breast tenderness, pain press on the uterus and lochia.
  - Breastfeeding progress should be assessed at each postnatal contact
  - At each postnatal contact, women should be asked about their emotional well-being, what family and social support they have and their usual coping strategies to deal with everyday problems. All women and their families/partners should be encouraged to notify their health care professionals of changes in mood, emotional state and behavior that are outside a woman's normal patterns.
  - At 10-14 days after delivery, all women should be asked about resolution of mild, transient postpartum depression (maternal blues). If symptoms have not resolved, the woman's psychological well-being should continue to be assessed for postnatal depression, and if symptoms persist, evaluated.
  - Women should be observed for any risks, signs and symptoms of domestic violence.
  - Women should be told who to contact for advice and management.
  - All women should be asked about resumption of sexual intercourse and the
    possibility of dyspareunia as part of an overall health assessment two to six weeks
    after delivery.

If there are issues of concern at any postnatal contact, the woman should be treated and/or referred according to other specific WHO guidelines

#### d. Counseling

- a) All women should be informed about the physiological process of recovery after childbirth, and that some health problems are common, with advice to report any health problems to a health care professional, in particular:
  - Signs and symptoms of PPH: sudden and large blood loss or persistent increase in blood loss, fainting, dizziness, palpitations/tachycardia.
  - Signs and symptoms of pre-eclampsia/eclampsia: headache accompanied by one or more symptoms of visual disturbances, nausea, vomiting, epigastric or hypochondrium pain, feeling like fainting, convulsions (in the first few days after birth).
  - Signs and symptoms of infection: fever, chills, abdominal and/or vaginal pain that attacks loss.
  - Signs and symptoms of thromboembolism: unilateral calf pain, redness or swelling
    of the calf, shortness of breath or chest pain. Women should be counseled on
    nutrition.
- b) Women should be given education about hygiene, especially hand washing. Women should be given education about birth spacing and family planning. Contraceptive options should be discussed, and contraceptive methods should be provided if requested.
- c) Women should be counseled about safer sex including condom use. in malaria-endemic areas, mothers and babies must sleep under bed nets impregnated with insecticide.

- d) All women should be encouraged to mobilize as soon as possible after giving birth. They should be encouraged to do moderate exercise and take time to rest during the postnatal period.
- e) Women should be counseled on hygiene, especially hand washing.

#### e. Nutrition

- a) Nutritional counseling and supplementation
- Women should be counseled on nutrition.
  b) Tron supplementation in postpartum women
  - Iron and folic acid supplementation should be given for at least three months
- Vitamin A supplementation in postpartum mothers
   Vitamin A supplementation in postpartum women is not recommended as a public health intervention to prevent maternal and infant morbidity and mortality.

#### f. Psychosocial support

- Psychosocial support by a trained person is recommended for the prevention of postpartum depression among women at high risk of developing this condition.
- The GDG considers that there is insufficient evidence to recommend routine formal provision to all women to reduce the incidence/risk of postnatal depression.
- The GDG also considers that there is insufficient evidence to recommend routine distribution of, and discussion of, printed educational materials for the prevention of postpartum depression.
- Health professionals should provide opportunities for women to discuss their birth experiences during their hospital stay.
- A woman who loses her baby should receive additional supportive care.
- Women should be counseled about birth spacing and family planning, contraceptive options should be discussed, and contraceptive methods should be provided if requested.
- Women should be counseled on safe sex including condom use.
- g. Mobilization, rest and exercise

All women should be encouraged to mobilize as soon as possible after giving birth. They should be encouraged to do light exercise and make time for rest during the postpartum period.

#### SEMINAR IMPLEMENTATION EVALUATION FORM

Paper Title	
Presentation Date	
Members of the group	: (Nama, NIM)
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No	Evaluation Criteria	Weigh t	Mark				Value x	т.
			1	2	3	4	Weight	Is
1	Material Mastery	20						
2	Ability to convey material	20						
3	Ability to Answer Questions	20						
4	Cooperation	20						
5	Time Management	10						
6	Media Use	10						
	Amount	100						

Mark	= (Value x weight)/4	
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