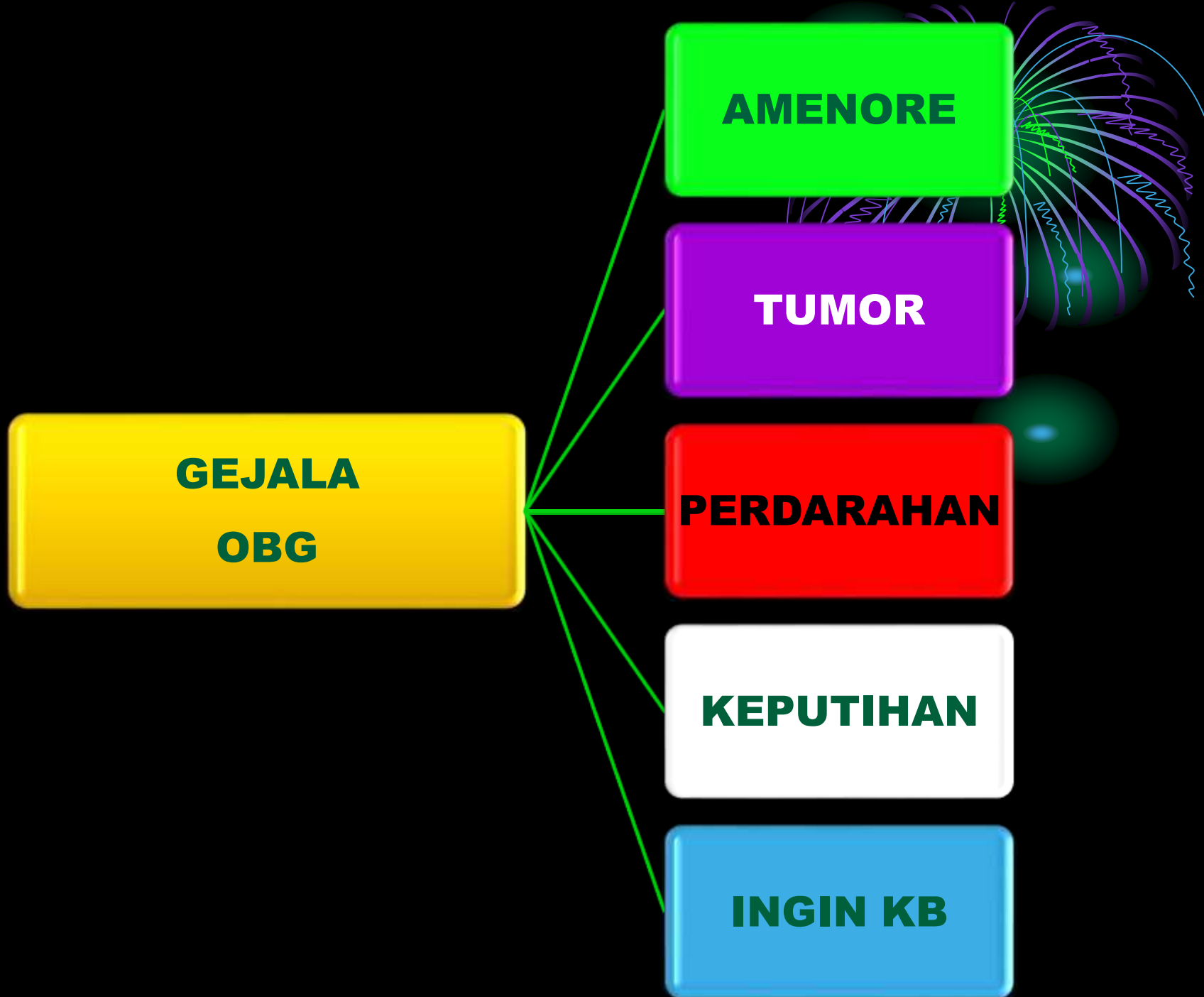
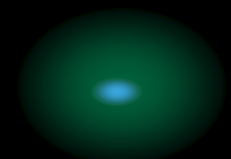
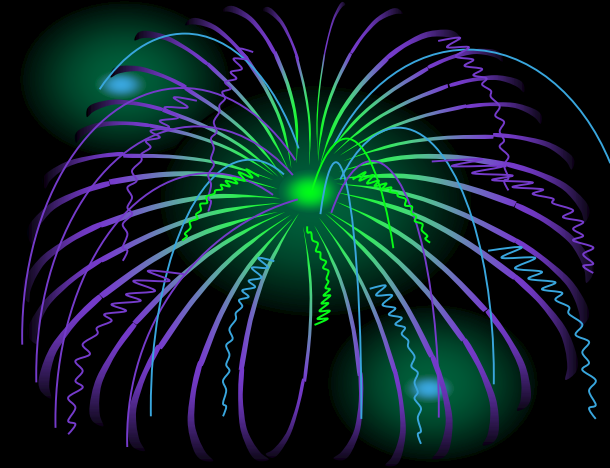
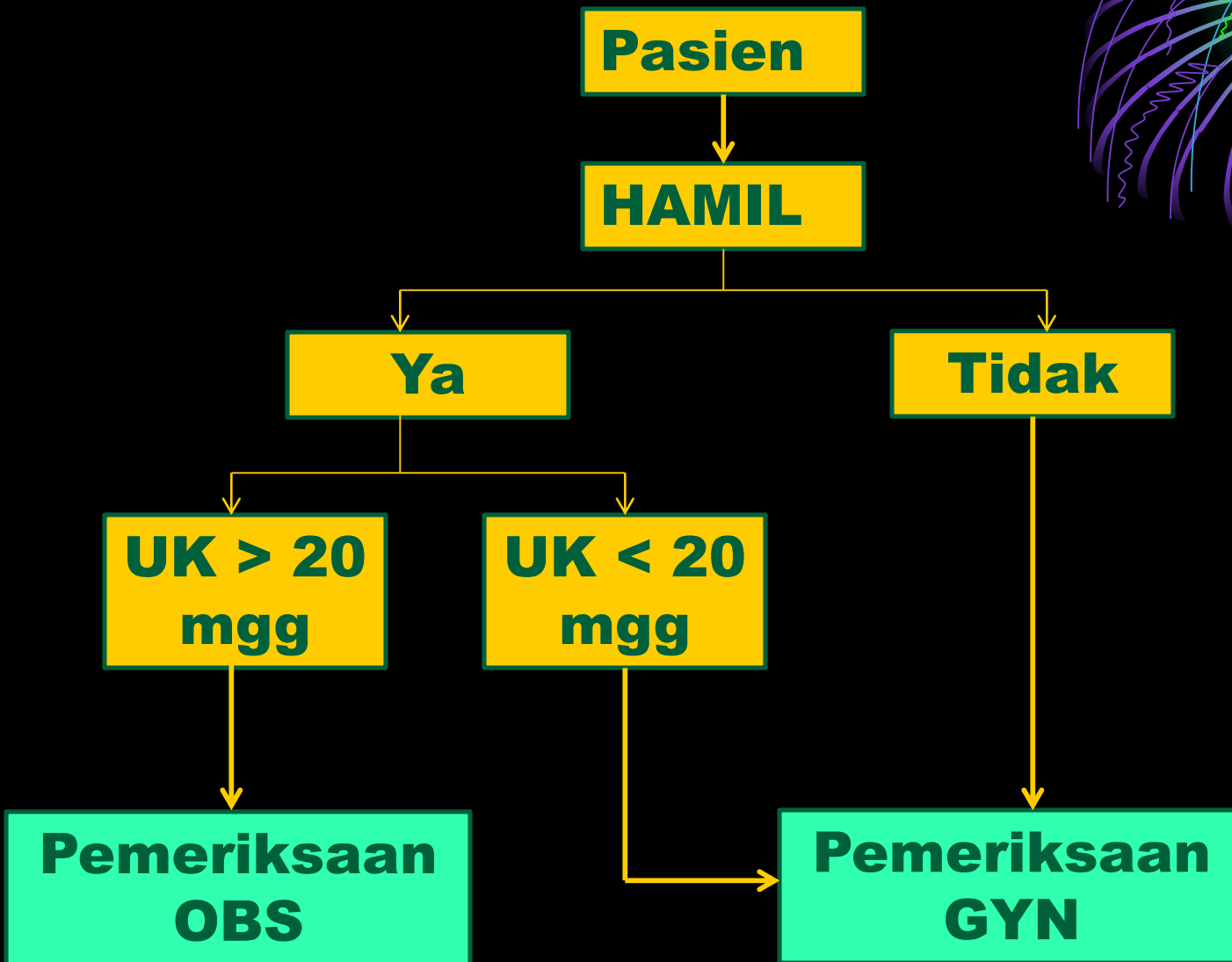


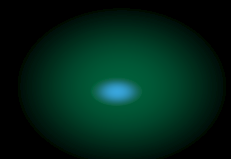
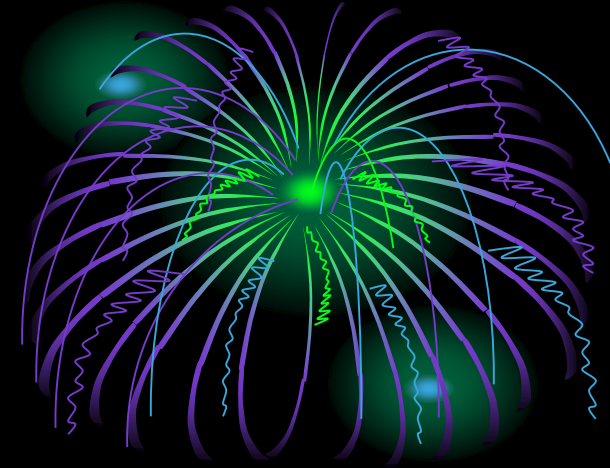
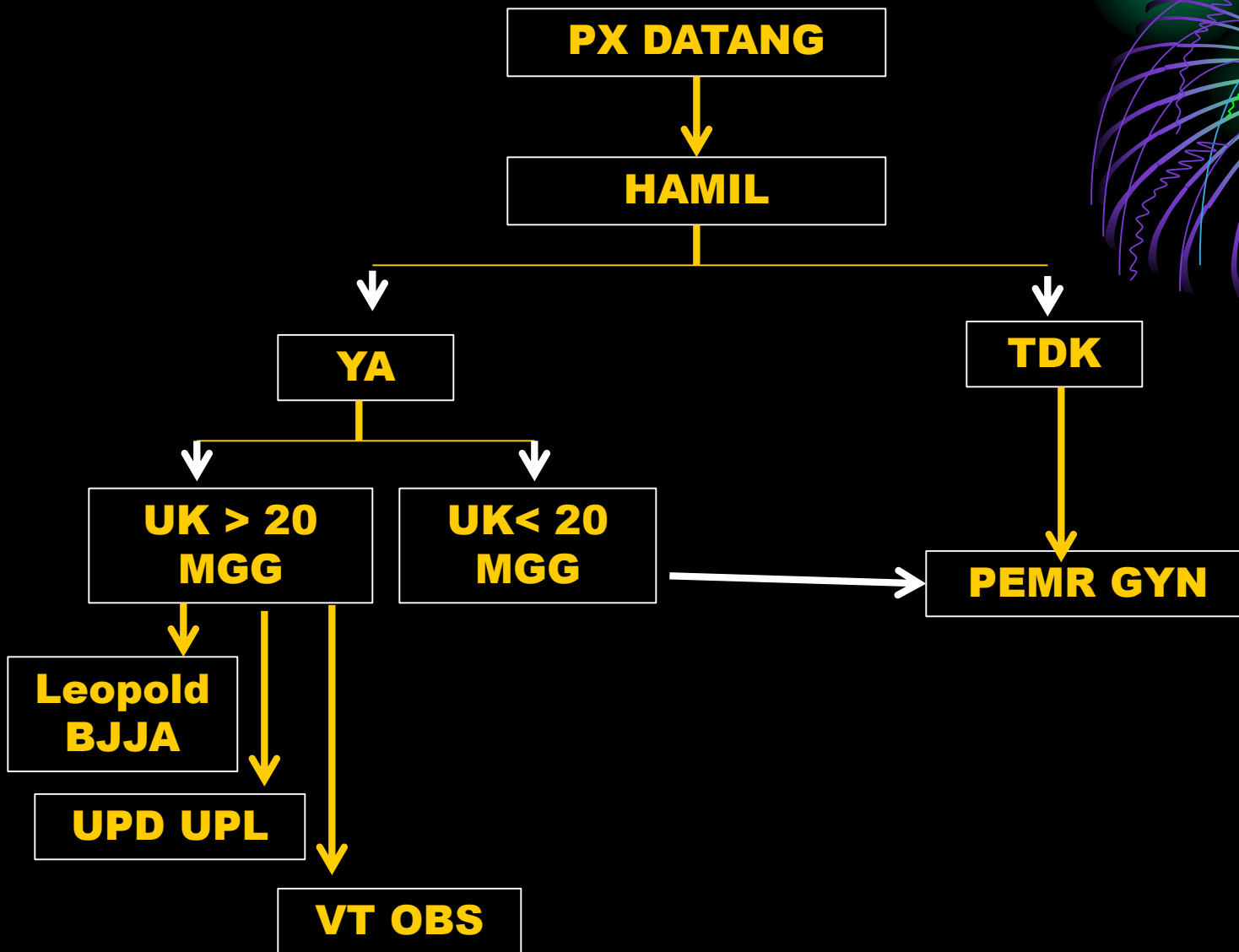


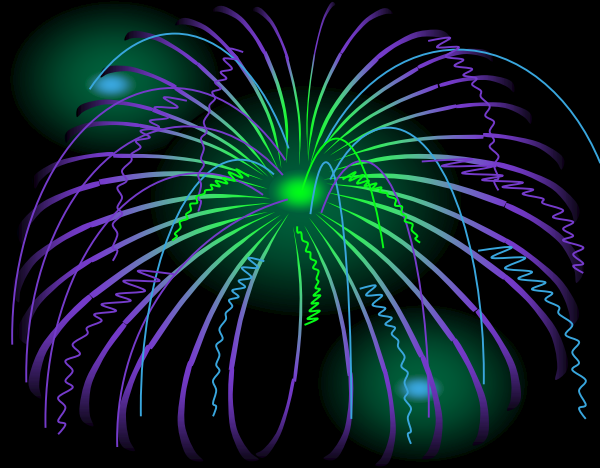
GEJALA DI BIDANG OBG

Dr. Kusuma Andriana SpOG









AMENORE

USIA

**< 16 TH
Seks 2nd (-)**

**> 16 th
3 bl tdk haid**

PLANO (-)

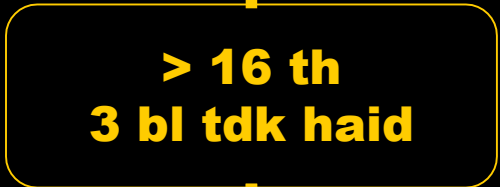
PLANO (-)

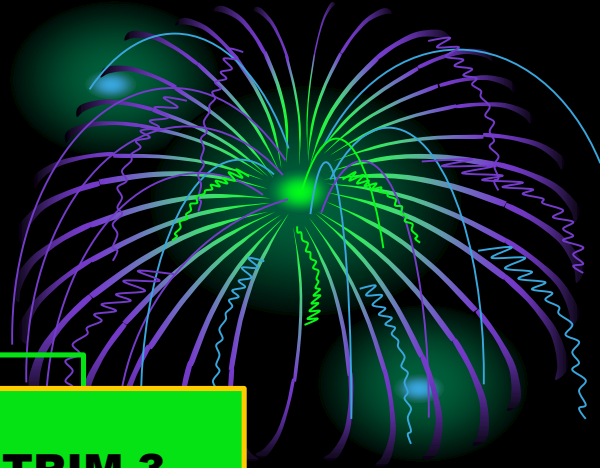
PLANO (+)

**AMENORE
PRIMER**

**AMENORE
SEKUNDER**

GRAVIDA →





GRAVIDA

TRIM I

TRIM 2

TRIM 3

**LEOPOLD +
BJA**

**PRIMI GR ~
IDENTIK**

MULTI GR

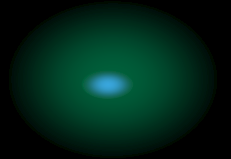
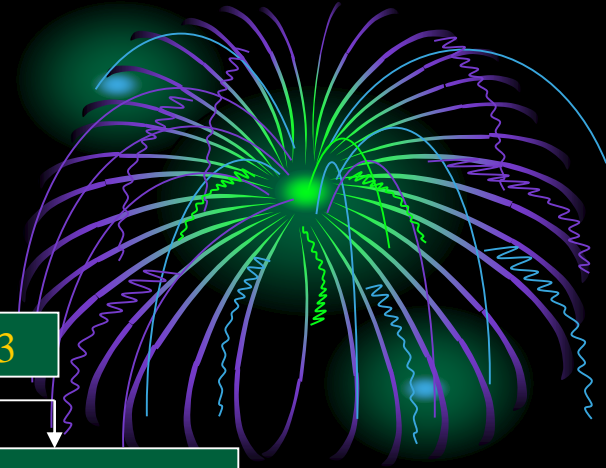
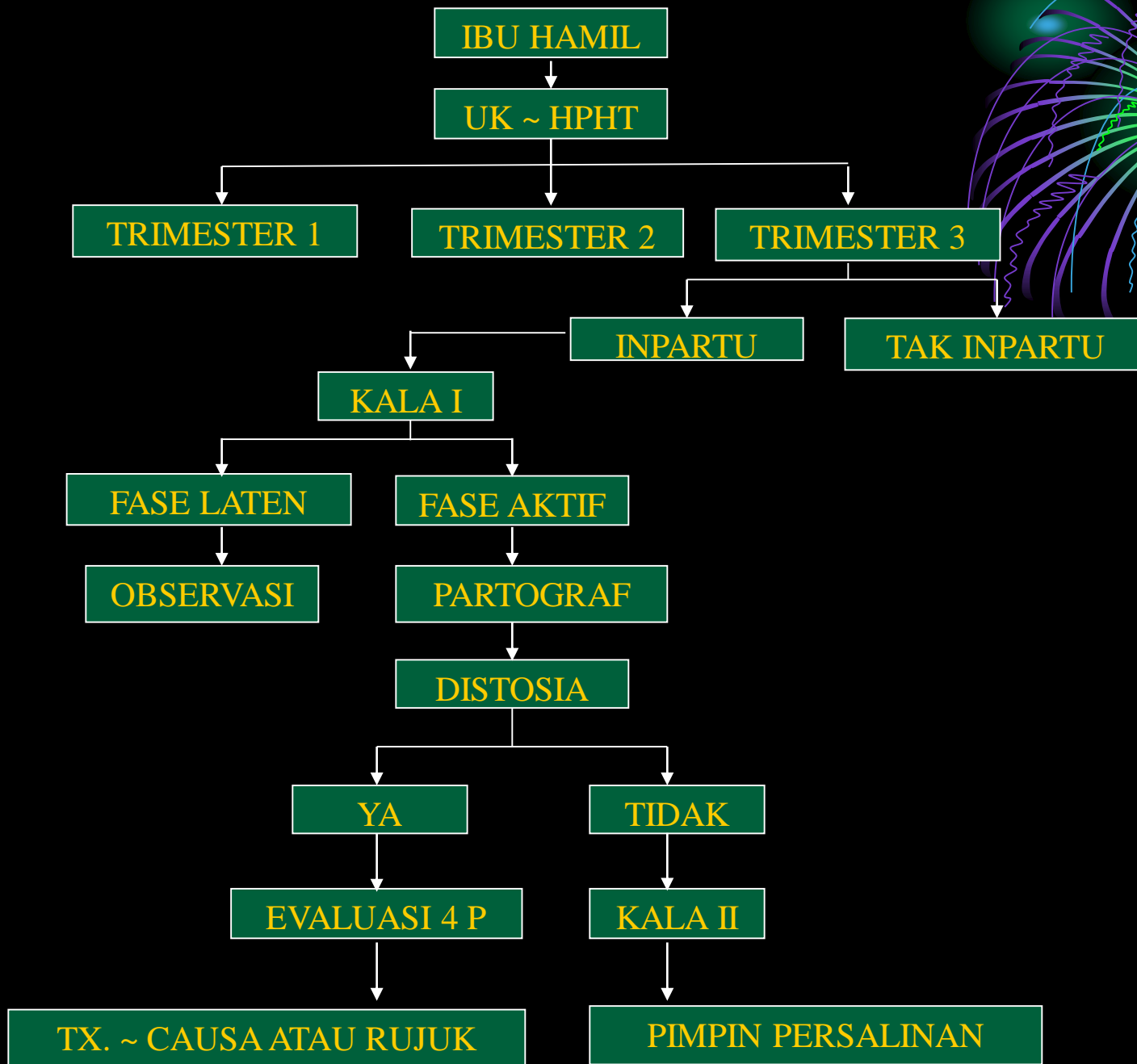
≥ 36 MGG

INPARTU

LEOPOLD

**LEOPOLD,
BJA UPD,UPL**

VT



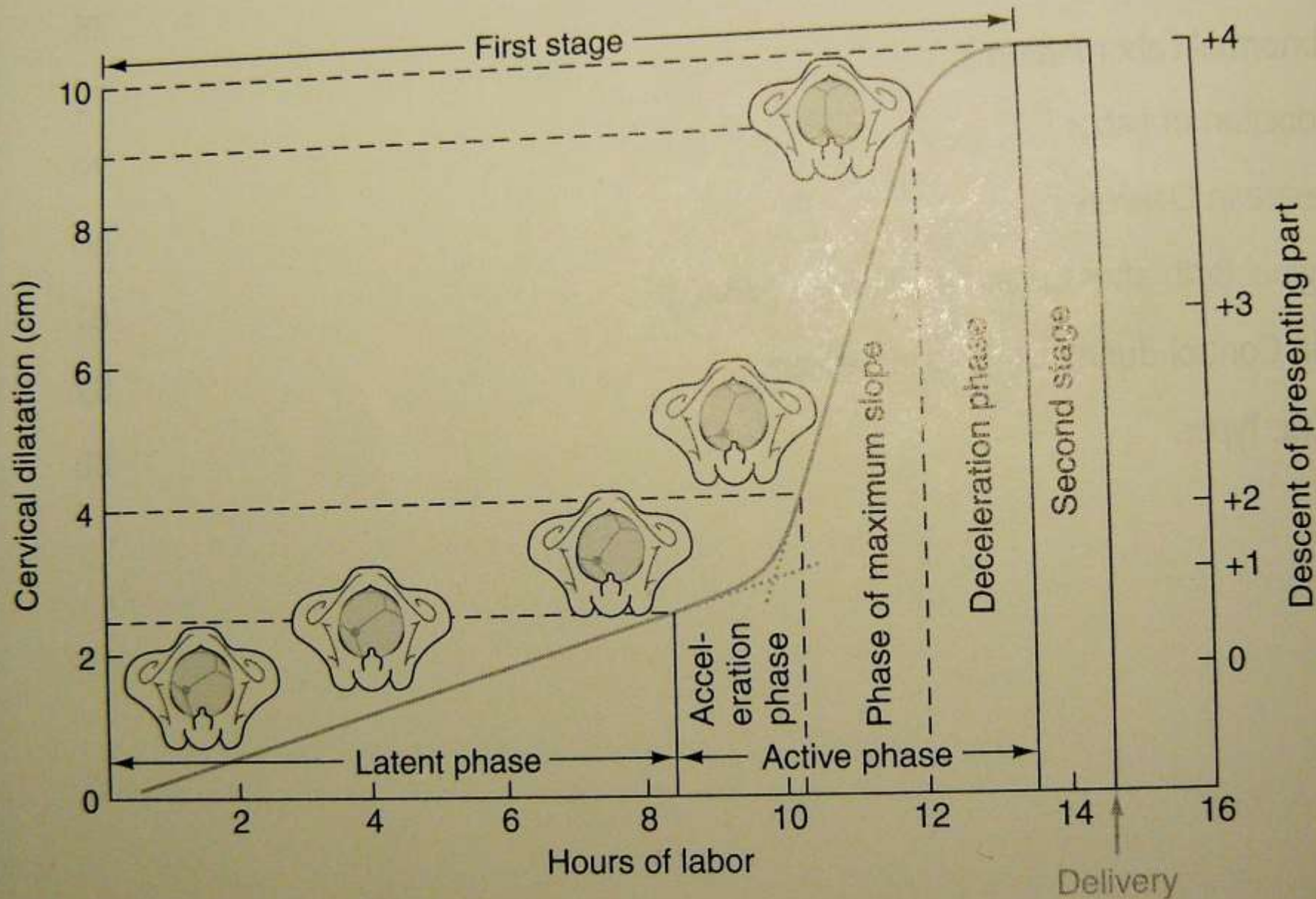
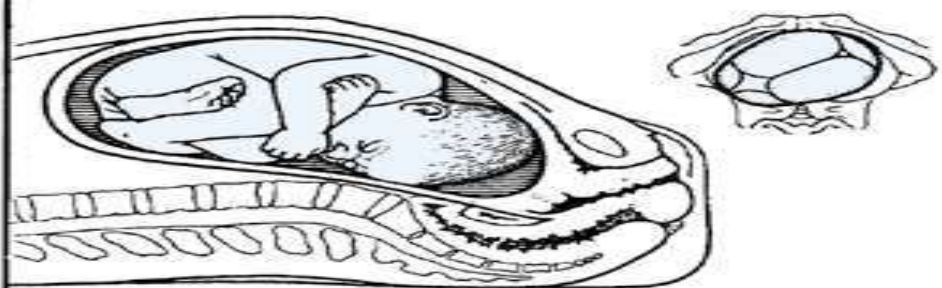
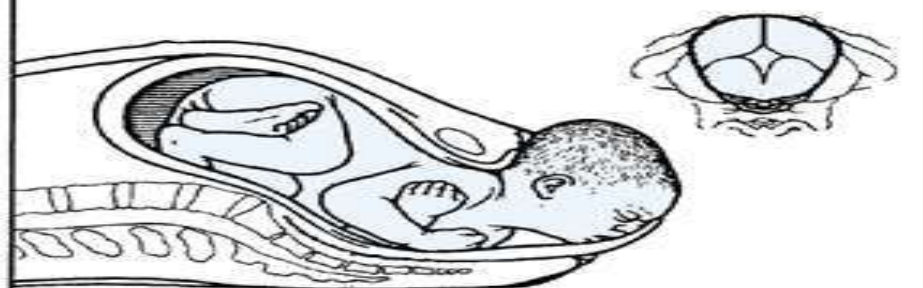


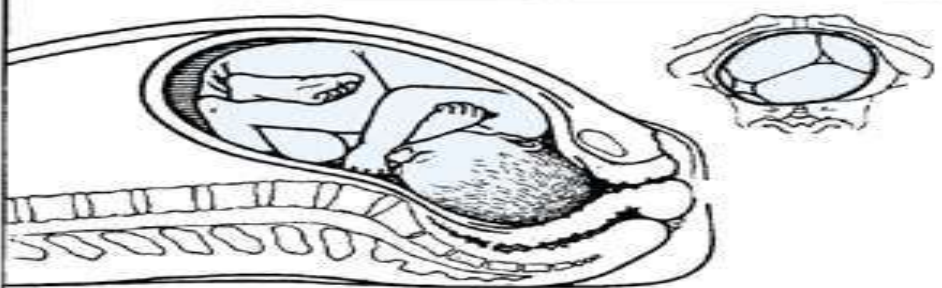
FIGURE 6-1. Schematic illustration of progress of rotation of occipitoanterior presentation in the successive stages of labor.



1. Head floating, before engagement



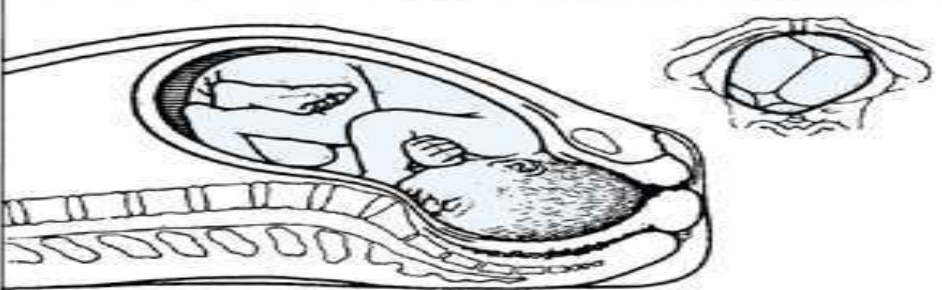
5. Complete extension



2. Engagement; descent, flexion



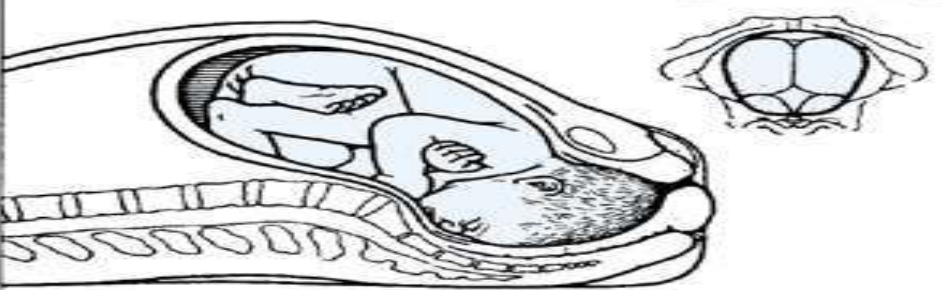
6. Restitution (external rotation)



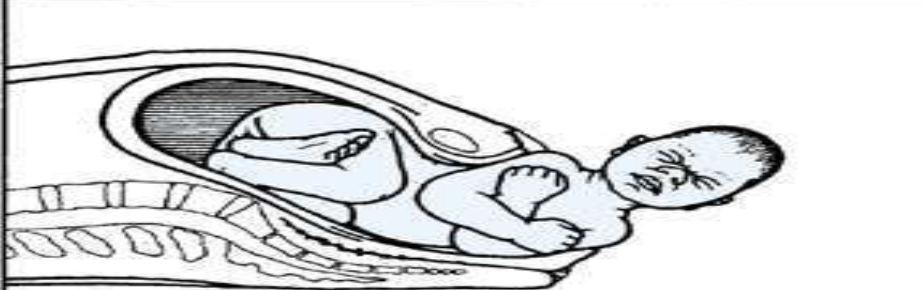
3. Further descent, internal rotation



7. Delivery of anterior shoulder



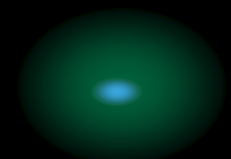
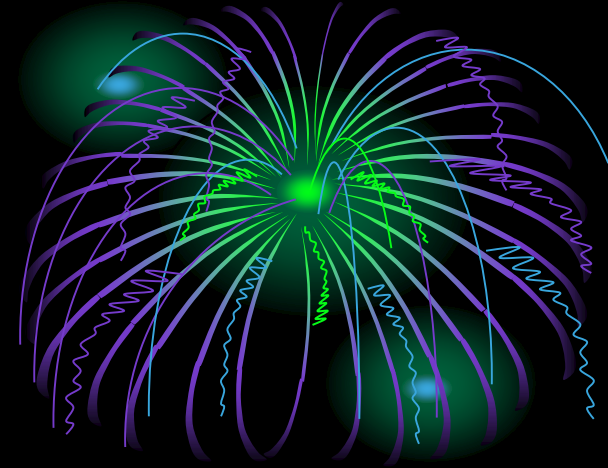
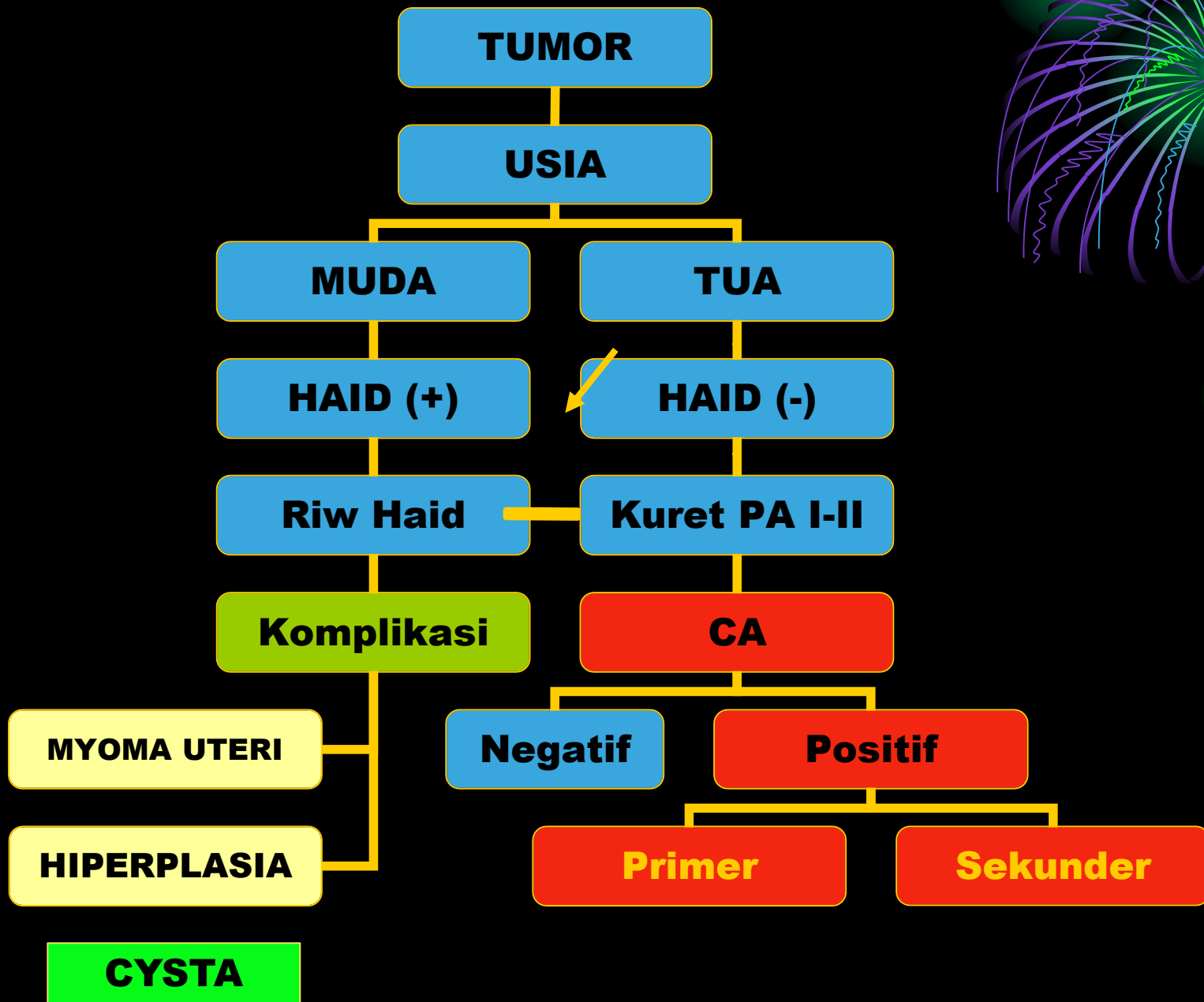
4. Complete rotation, beginning extension

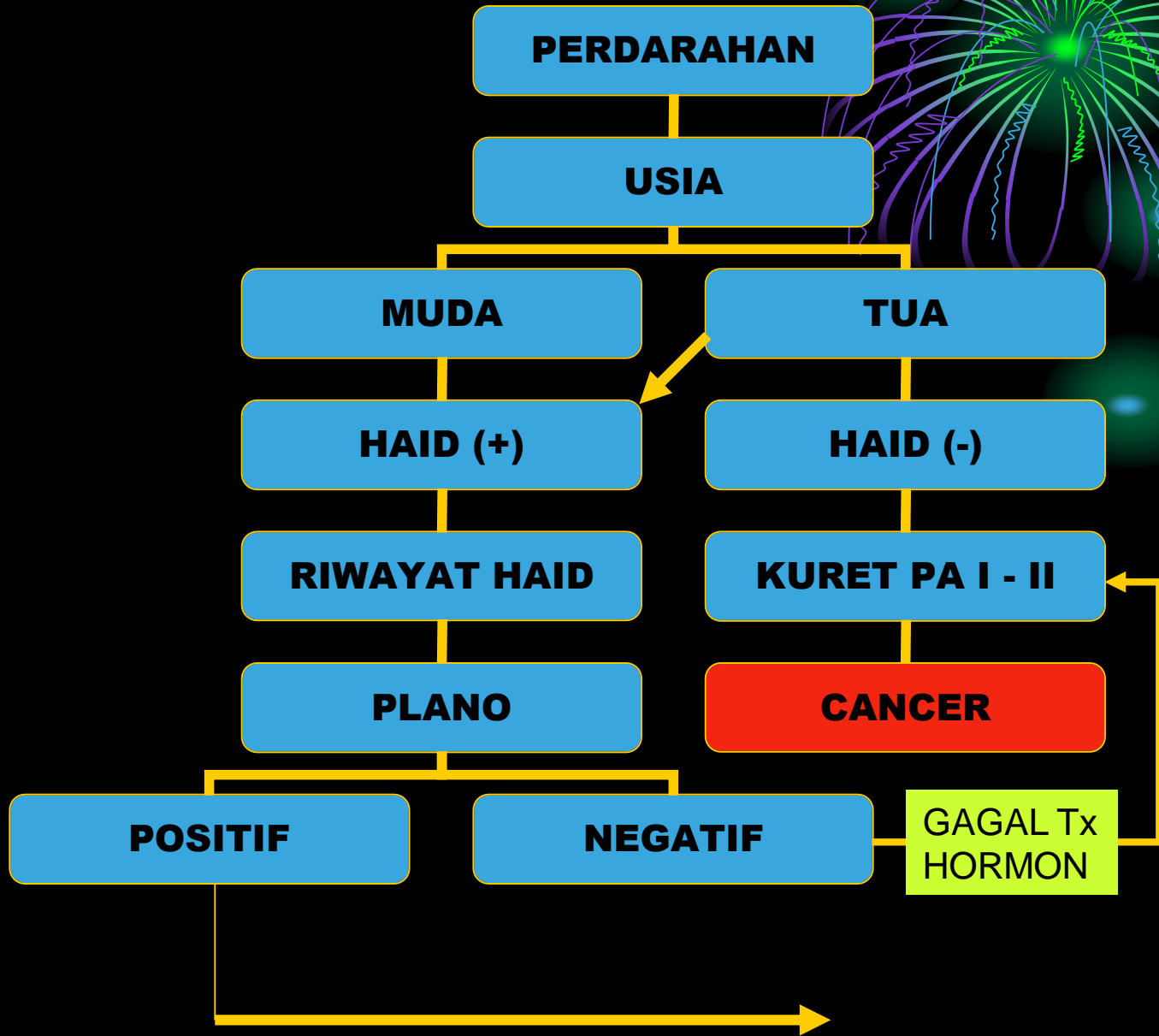


8. Delivery of posterior shoulder

VIDEO VAGINAL BIRTH







PERDARAHAN

PLANO

POSITIF

NEGATIF

USIA KEHAMILAN

GANGGUAN ORGAN

VT

< 20 MGG

> 20 MGG

TIDAK

YA

VT

~~VT~~

DUB

MYOMA

HIPERPLASIA

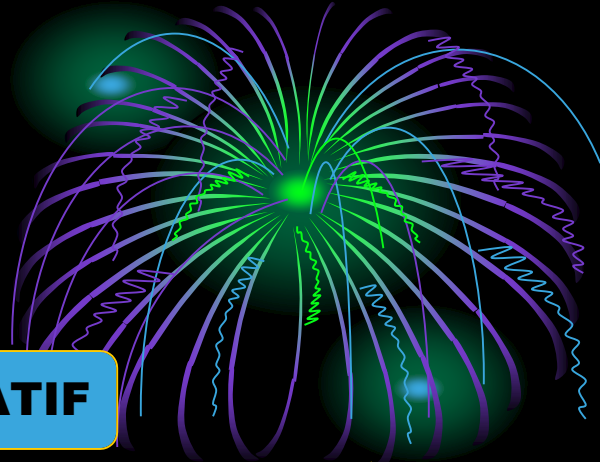
ABORTUS

MOLA

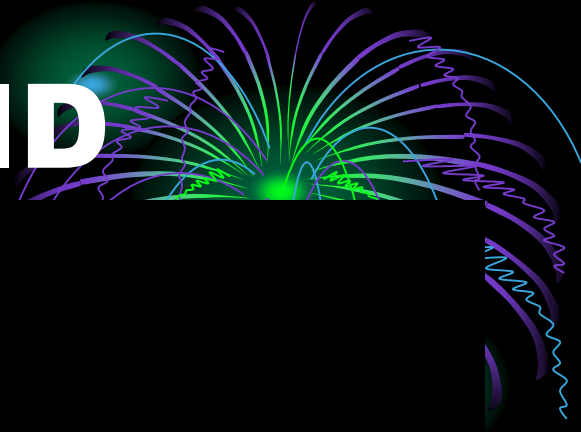
KET

GRAVIDA

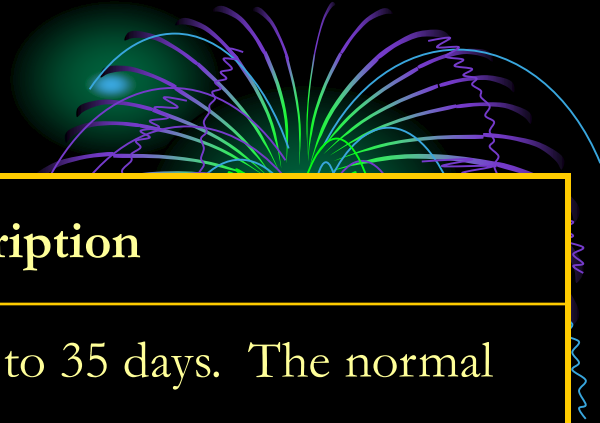
CYSTA



VIDEO SIKLUS HAID



Bleeding Patterns



No	Definition	Description
1	Normal	The normal interval is 21 to 35 days. The normal duration of bleeding is 1 to 7 days. The amount should be less than 1 pad or tampon per 3-hour period
2	Severe acute bleeding	Bleeding that requires more than one pad / tampon per hour or vital sign indicating hypovolemia
3	Irregular bleeding	Includes metrorrhagia, menometrorrhagia, oligomenorrhea, prolonged bleeding, intermenstrual bleeding or other irregular patterns
4	Menorrhagia	Heavy but regular cyclic bleeding plus > 7 days of bleeding or clots. Prolonged bleeding > 12 days should be consider irregular regardless of cyclic pattern

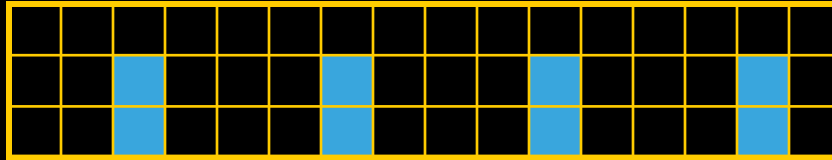
Menstrual cycle irregularities:

1. abnormal frequency



Kaltenbach chart:

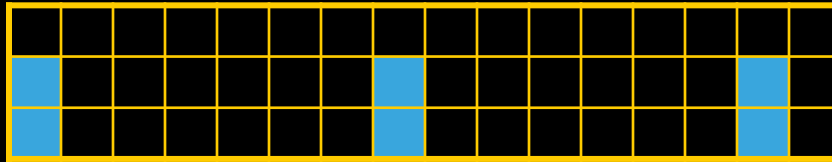
Normal cycle



Duration: $28 \text{ d} \pm 5$

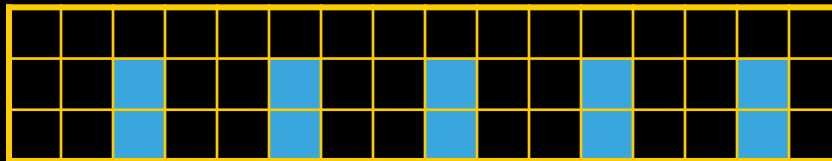
Amount: 3-5 pads or tampons ($\approx 35 \text{ mL}$)

Abnormal frequency: oligomenorrhea



Duration > 35 days

Abnormal frequency: polymenorrhea



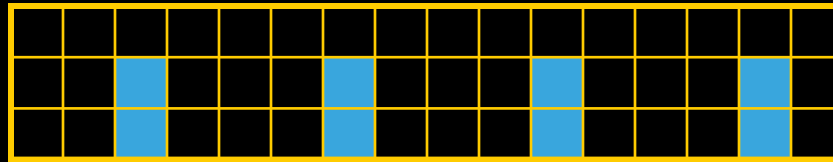
Duration < 22 days

Menstrual cycle irregularities:

2. abnormal amount or duration



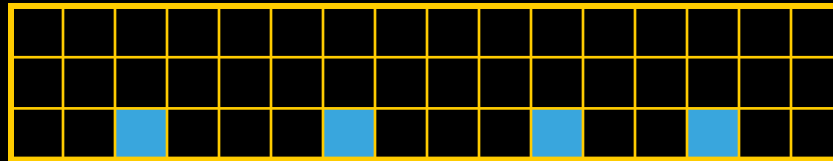
Normal cycle



Duration: 28 d \pm 5

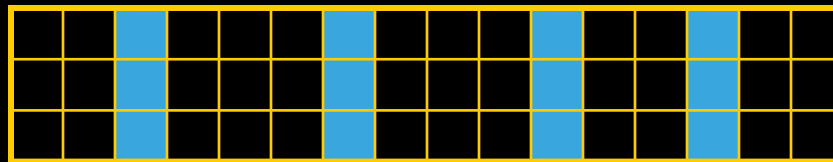
Amount: 3-5 pads
or tampons

Hypomenorrhea



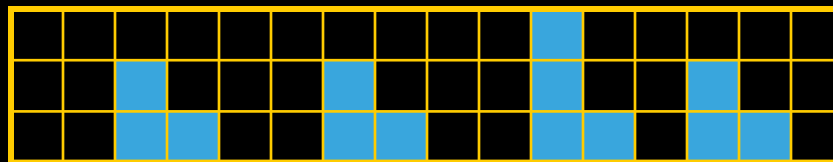
Amount < 2 per day

Hypermenorrhea

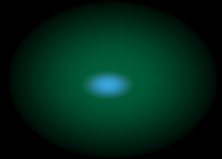
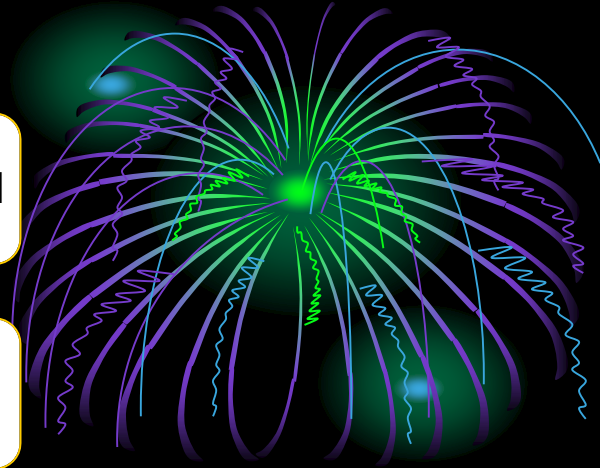
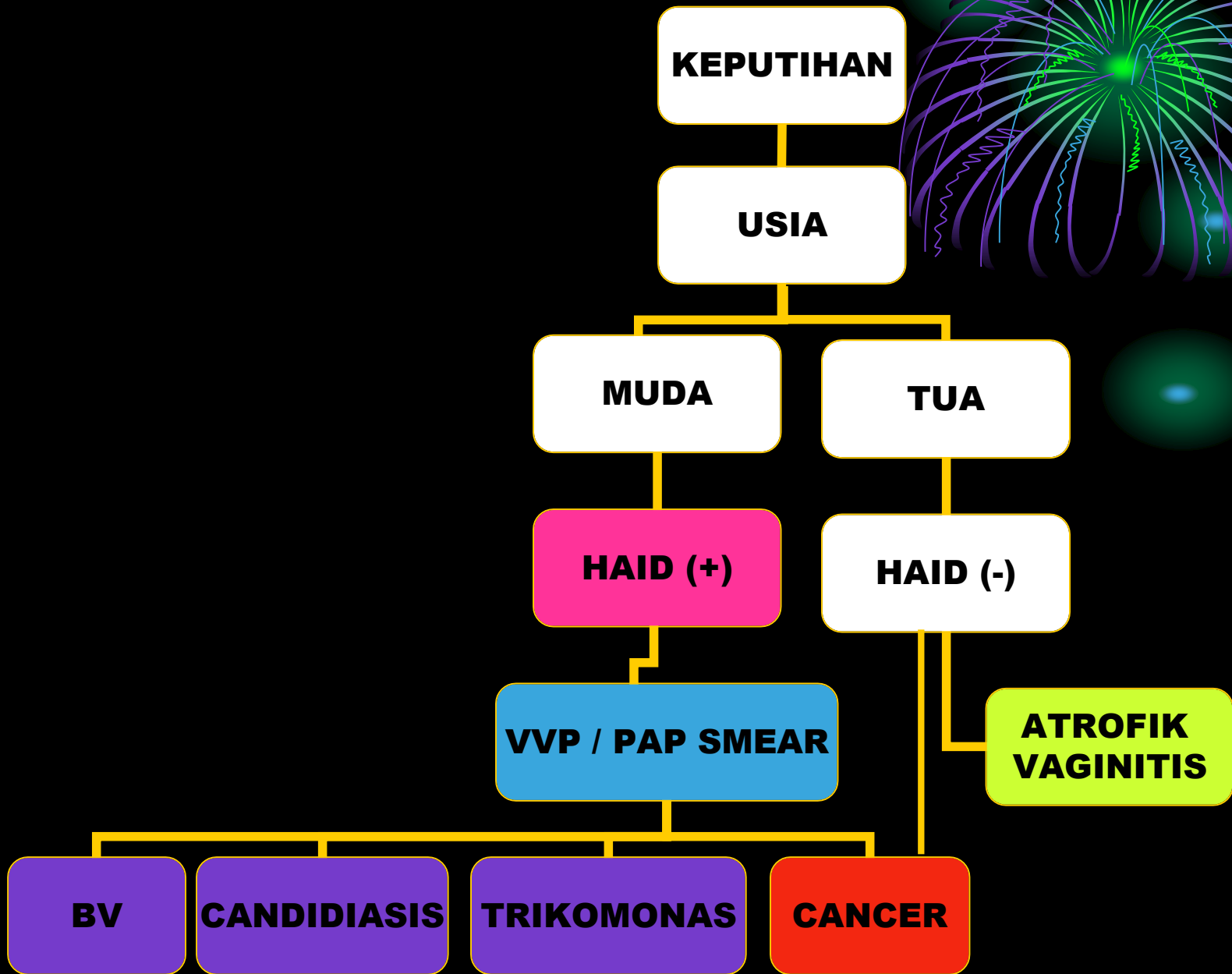


Amount > 5 per day

Menorrhagia



Duration 7-14 days



INGIN IKUT KB → KONSELING

- **Usia**
- **Lama menikah**
- **Jumlah anak & cara persalinan**
- **Siklus haid**
- **Keluhan → keputihan, nyeri haid, perdarahan**
- **RPD → HT, DM, CV, Migrain, op. KET dll**
- **Riwayat KB sblmnya**
- **INDIKASI & KONTRAINDIKASI**

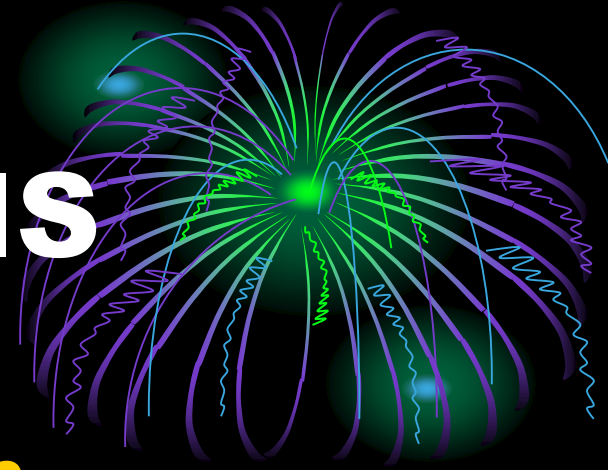


METODE KONTRASEPSI



- 1. Metode amenore laktasi**
- 2. KB alamiah**
- 3. Sanggama terputus**
- 4. Metode barrier**
- 5. Kontrasepsi kombinasi**
- 6. Kontrasepsi progestin**
- 7. AKDR**
- 8. Kontrasepsi mantap**

PENAPIISAN KLINIS



- 1. Tidak ada pembatasan**
- 2. Penggunaan Kontrasepsi >> manfaatnya dg risiko yg mungkin terjadi**
- 3. Risiko mungkin >>**
- 4. Risiko akan terjadi bila kontrasepsi digunakan**

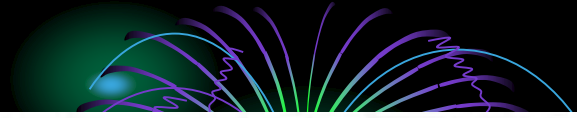
Tabel 4-2: Klasifikasi persyaratan medis dalam penapisan klien*

Kondisi	Pil Kombinasi	Suntikan Kombinasi	Pil Progestin	DMPA NET-EN	Implan	AKDR Cu	AKDR Progestin	Tubektomi	Vasektomi
M = Mulai, L = Lanjutan									
Karakteristik Pribadi dan Riwayat Reproduksi									
Kehamilan	-	-	-	-	-	4	4	C	-
Usia	Menars- <40=1 ≥40=2	Menars- <40=1 ≥40=2	Menars- <18=1 18-45=1 >45=1	Menars- <18=2 18-45=1 >45=2	Menars- <18=1 18-45=1 >45=1	<20=2 ≥20=1	<20=2 ≥20=1	Usia muda B	
Paritas									
• Nullipara	1	1	1	1	1	2	2	A	
• Multipara	1	1	1	1	1	1	1	A	
Laktasi									
• < 6 minggu pascapersalinan	4	4	3	3	3			C	
• 6 minggu – < 6 bulan laktasi	3	3	1	1	1			A	
• ≥ 6 bulan pascapersalinan	2	2	1	1	1			A	
Pascapersalinan (tanpa laktasi)									
< 21 hari	3	3	1	1	1			C	
≥ 21 hari	1	1	1	1	1				
Pascapersalinan (laktasi/non-laktasi) termasuk pascasesio sesarea									
• < 48 jam						2	3	A	
• < 48 jam – < 4 minggu						3	3		

* Dimodifikasi dari WHO, 2000

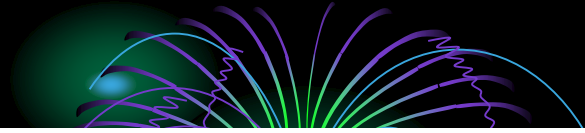
Kondisi	Pil Kombinasi	Suntikan Kombinasi	Pil Progestin	DMPA NET-EN	Implan	AKDR Cu	AKDR Progestin	Tubektomi	Vasektomi
Penyakit Kardiovaskular									
Multi faktor untuk penyakit kardiovaskular (seperti usia tua, merokok, diabetes, hipertensi)	3/4	3/4	2	3	2	1	2	D	
Hipertensi									
• Riwayat hipertensi tidak dapat dievaluasi (termasuk hipertensi dalam kehamilan)	3	3	2	2	2	1	2	B	
• Hipertensi terkontrol	3	3	1	2	1	1	1	B	
• Tekanan darah meningkat									
– sistolik 140 - 159 atau diastolik 90 -99	3	3	1	2	1	1	1	B	
– sistolik \geq 160 atau diastolik \geq 100	4	4	2	3	2	1	2	D	
• Penyakit vaskular	4	4	2	3	2	1	2	D	
Riwayat hipertensi selama kehamilan (sekarang TD normal)	2	2	1	1	1	1	1	A	
Trombosis Vena Dalam/ Emboli Paru									
• Riwayat TVD/EP	4	4	2	2	2	1	2	A	
• Sekarang TVD/EP	4	4	3	3	3	1	3	C	
• Riwayat keluarga TVD/EP	2	2	1	1	1	1	1	A	

Kondisi	Pil Kombinasi	Suntikan Kombinasi	Pil Progestin	DMPA NET-EN	Implan	AKDR Cu	AKDR Progestin	Tubektomi	Vasektomi
<ul style="list-style-type: none"> Bedah mayor <ul style="list-style-type: none"> – imobilisasi lama – tanpa imobilisasi lama Bedah minor tanpa imobilisasi 	4 2 1	4 2 1	2 1 1	2 1 1	2 1 1	1 1 1	2 1 1	C A A	
Trombosis Vena Permukaan <ul style="list-style-type: none"> Varises Superfisial tromboflebitis 	1 2	1 2	1 1	1 1	1 1	1 1	1 1	A A	
Riwayat Penyakit Jantung Iskemik	4	4	M L 2 3	3	M L 2 3	1	M L 2 3	D	
Stroke Riwayat CVA	4	4	M L 2 3	3	M L 2 3	1	2	B	
Hiperlipidemia	2/3 ^b	2/3 ^b	2	2	2	1	2	A	
Penyakit Katup Jantung <ul style="list-style-type: none"> Tanpa komplikasi Dengan komplikasi (hipertensi pulmonal, fibrilasi atrial, endokarditis bakterial subakut) 	2 4	2 4	1 1	1 1	1 1	1 2	1 2	B D	
Kondisi Neurologis									
Nyeri kepala <ul style="list-style-type: none"> Nonmigrain (ringan/berat) Migrain 	M L 1 2	M L 1 2	M L 1 1	M L 1 1	M L 1 1	1	M L 1 1	A	



Kondisi	Pil Kombinasi	Suntikan Kombinasi	Pil Progesterin	DMPA NET-EN	Implan	AKDR Cu	AKDR Progesterin	Tubektomi	Vasektomi
- tanpa gejala neurologis usia < 35	2 3	2 3	1 2	2 2	2 2	1	2 2	A	
usia ≥ 35	3 4	3 4	1 2	2 2	2 2	1	2 2	A	
- dengan gejala neurologis	4 4	4 4	2 3	2 3	2 3	1	2 3	A	
Epilepsi	1	1	1	1	1	1	1	B	
Infeksi/Kelainan Alat Reproduksi									
Perdarahan pervaginam							M L		
• Perdarahan ireguler	1	1	2	2	2	1	1 1	A	
• Perdarahan banyak	1	1	2	2	2	2	1 2	A	
Perdarahan pervaginam yang tidak dapat diterangkan sebabnya							M L		
Sebelum penilaian	2	2	2	3	3	M L 4 2	M L 4 2	C	
Endometriosis	1	1	1	1	1	2	1	D	
Tumor ovarium jinak (termasuk kista)	1	1	1	1	1	1	1	A	
Dismenorea berat	1	1	1	1	1	2	1	A	
Penyakit trofoblas									
• Penyakit trofoblas jinak	1	1	1	1	1	3	3	A	
• PTG	1	1	1	1	1	4	4	C	
Ektropion serviks	1	1	1	1	1	1	1	A	
NIS	2	2	1	2	2	1	2	A	
Kanker serviks						M L	M L		
	2	2	1	2	2	4 2	4 2	C	

Kondisi	Pil Kombinasi	Suntikan Kombinasi	Pil Progestin	DMPA NET-EN	Implan	AKOR Cu	AKOR Progestin	Tubektomi	Vasektomi
Penyakit mamma									
• Massa tidak terdiagnosis	2	2	2	2	2	1	2	A	
• Penyakit mamma jinak	1	1	1	1	1	1	1	A	
• Riwayat keluarga dengan karsinoma	1	1	1	1	1	1	1	A	
• Kanker									
– sekarang	4	4	4	4	4	1	4	B	
– dahulu	3	3	3	3	3	1	3	A	
Karsinoma endometrium						M L	M L		
	1	1	1	1	1	4 2	4 2	C	
Karsinoma ovarium						M L	M L		
	1	1	1	1	1	3 2	3 2	C	
Fibroma uteri									
• Tanpa gangguan kavum uteri	1	1	1	1	1	2	2	B	
• Dengan gangguan kavum uteri	1	1	1	1	1	4	4	B	
Penyakit radang panggul						M L	M L		
• Riwayat PRP									
– dengan kehamilan	1	1	1	1	1	1 1	1 1	A	
– tanpa kehamilan	1	1	1	1	1	2 2	2 2	B	
• PRP dalam 3 bulan terakhir	1	1	1	1	1	4 3	4 3	C	
IMS									
• Dalam 3 bulan terakhir	1	1	1	1	1	4	4	C	
• Vaginitis tanpa servisititis prulen	1	1	1	1	1	2	2	A	



Kondisi	Pil Kombinasi	Suntikan Kombinasi	Pil Progestin	DMPA NET-EN	Implan	AKOR Cu	AKOR Progestin	Tubektomi	Vasektomi
• Hipertiroid	1	1	1	1	1	1	1	D	
• Hipotiroid	1	1	1	1	1	1	1	B	
Gastrointestinal									
Penyakit kandung empedu									
• Simptomatik									
- kolesistektomi	2	2	2	2	2	1	2	A	
- medis	3	2	2	2	2	1	2	A	
- sekarang	3	2	2	2	2	1	2	C	
• Asimtomatik	2	2	2	2	2	1	2	A	
Riwayat kolestasis									
• Hubungan dengan kehamilan	2	2	1	1	1	1	1	A	
• Hubungan dengan pil kontrasepsi yang lalu	3	2	2	2	2	1	2	A	
Hepatitis									
• Aktif	4	3/4	3	3	3	1	3	C	
• Karier	1	1	1	1	1	1	1	A	
Sirosis									
• Ringan	3	2	2	2	2	1	2	B	
• Berat	4	3	3	3	3	1	3	D	
Tumor hati									
• Benigna (adenoma)	4	3	3	3	3	1	3	B	
• Malignan (hepatoma)	4	3/4	3	3	3	1	3	B	

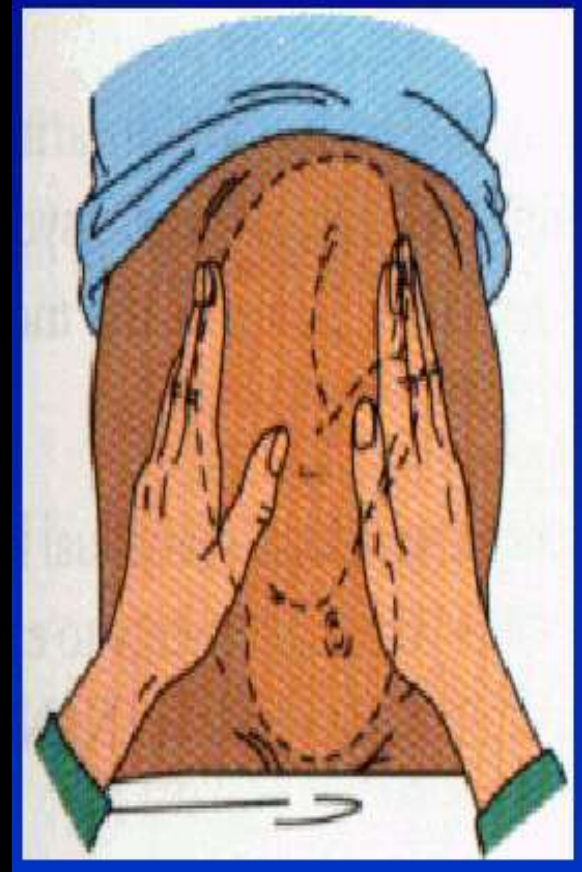
PEMERIKSAAN LEOPOLD I

- **Dr di kanan Px, hadap ke kepala Px**
- **2 Telapak tangan di FU tentukan**
 - **Tinggi FU**
 - **Letak janin (kepala or bokong or bag kecil)**



LEOPOLD II

- **Dr. di kanan Px hadap ke perut ibu**
- **Tentukan letak punggung & bag kecil**
- **Pada let li → teraba kep or bokong**



LEOPOLD III

- **Dr. di kanan Px menghadap ke perut Px**
- **Untuk tentukan**
 - **Bag terndah**
 - **Masuk PAP or not**



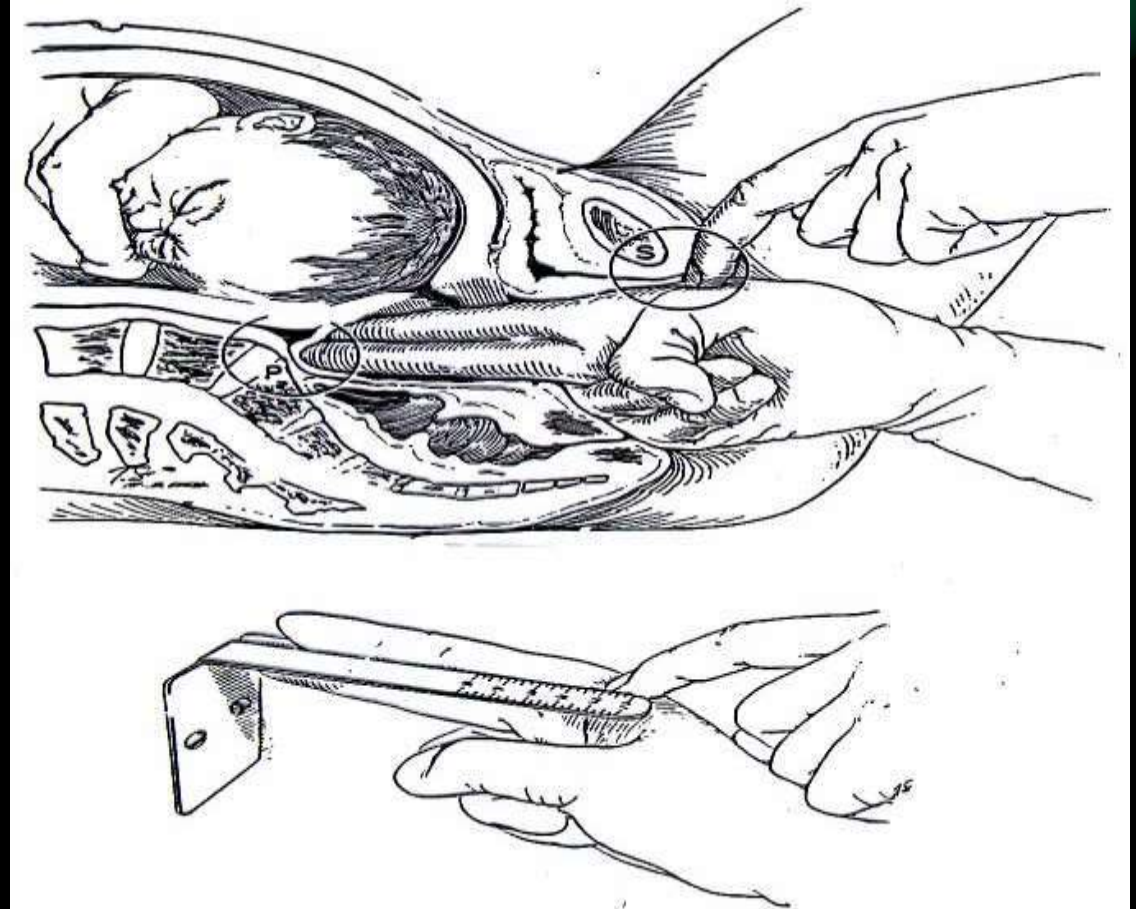
LEOPOLD IV

- **Dr. di kanan Px, hdap ke kaki ibu**
- **Menggunakan 2 tangan**
- **Untuk tentukan :**
 - **Bag terendah**
 - **Sudah masuk**
 - **Seberapa jauh masuknya**
- **Dilakukan pada UK > 24 mgg**



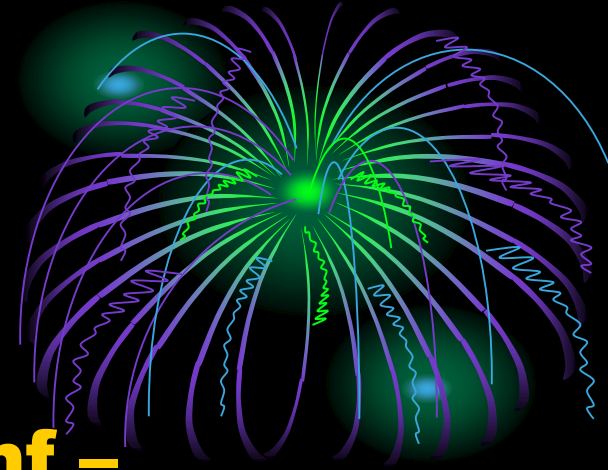
PEMERIKSAAN PANGGUL DALAN

Mengukur panggul dalam sebagian dapat dilakukan dengan pemeriksaan dalam.



- **Pintu Atas Panggul**

- **Dibentuk oleh**
- **Conjugata vera (atas simf – promontorium) \pm 11 cm**
- **Konjugata diagonalis : CV – 1,5 cm (bawah simf - promontorium)**

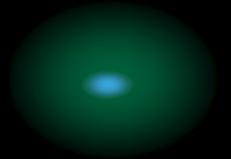


- **Pintu Tengah Panggul**

- **Sakrum** → cekung / datar
- **Spina Ischiadika** → menonjol / tidak

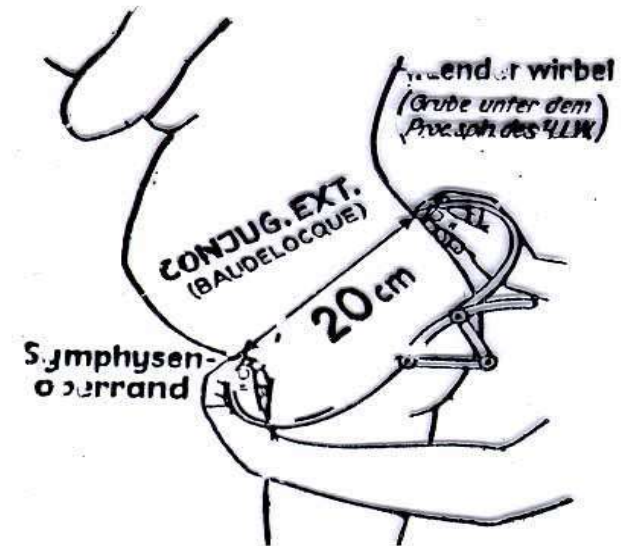
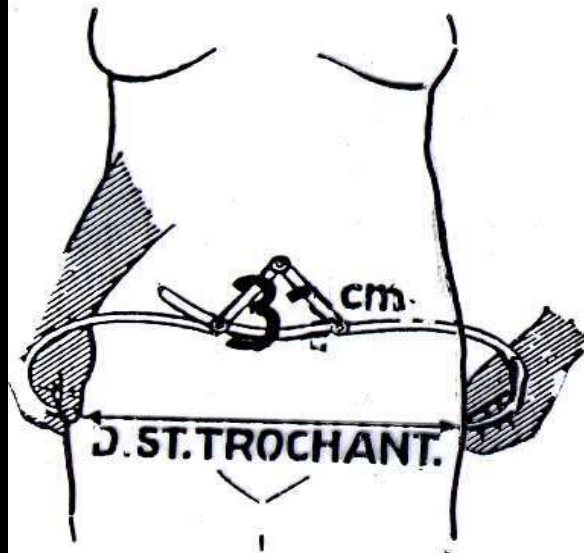
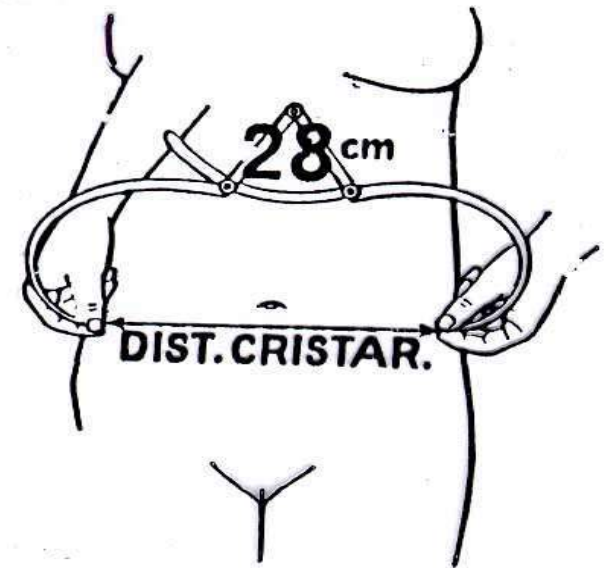
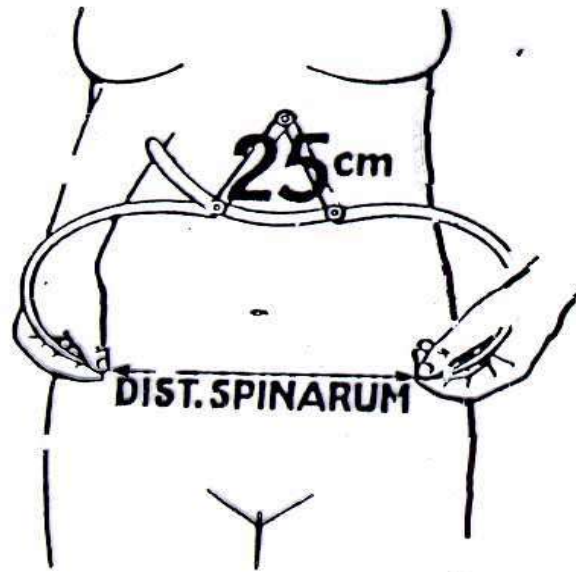
- **Pintu Bawah Panggul**

- **Arcus pubis** → + 90°
- **Diatansia tuberum** → 10, 5 cm (jarak tuber os osii D -S)



PEMERIKSAAN PANGGUL BESAR

Pemeriksaan luar dengan menggunakan jangka Martin





- **Distansia spinarum (\pm 24-26 cm) :**
- **Jarak antara SIAS D - S**
- **Distansia kristarum (\pm 28-30 cm):**
- **Konjugata eksterna \pm 18 cm**
- **Jarak antara simf – proc spinosus 5**

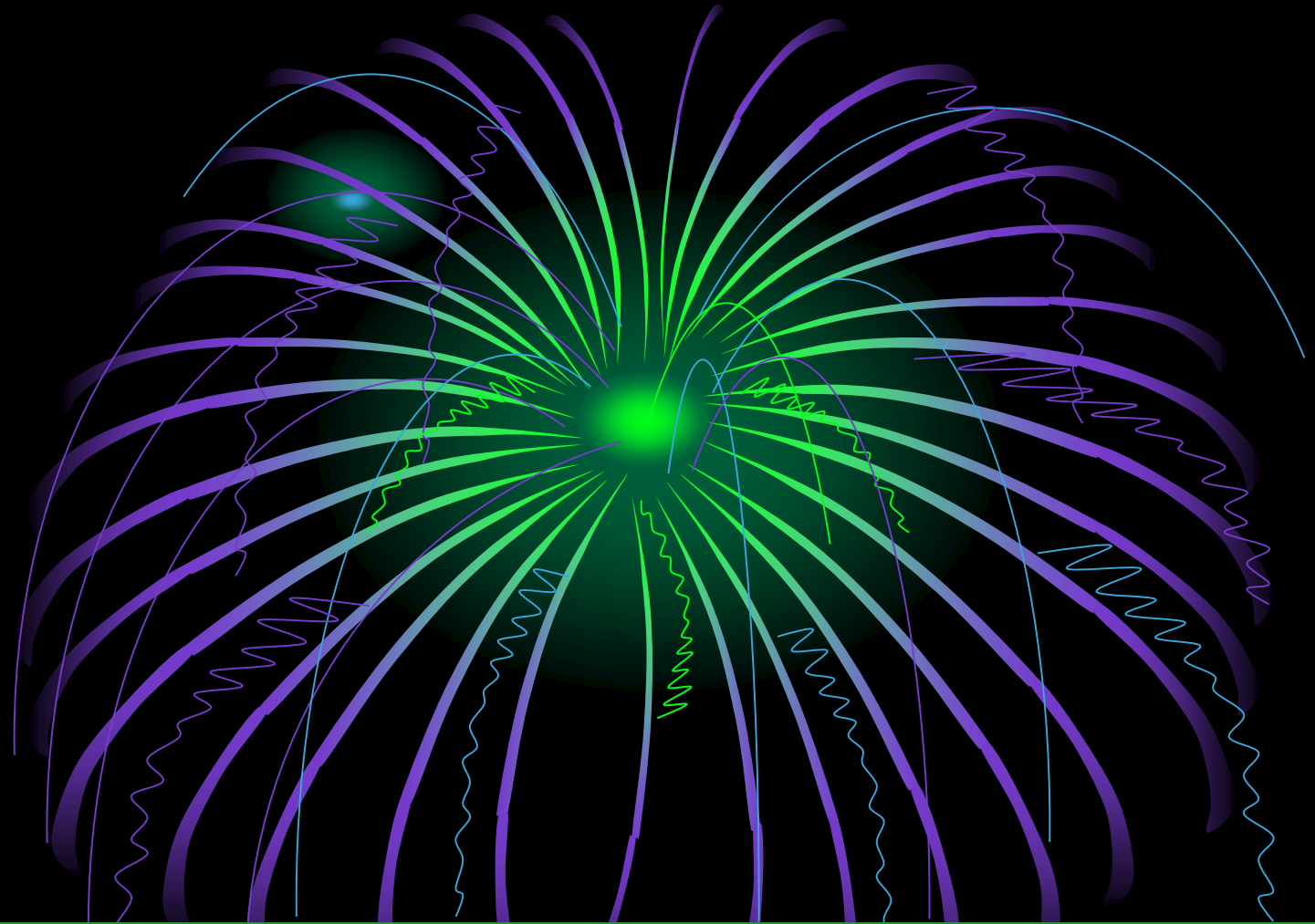
UKURAN PANGGUL LUAR

- * **Distansia Cristarum: 20-28 cm**
- * **Distansia Spinarum: 24-26 cm**
- * **Conjugata Externa Boudeloque
18 cm**
- * **Lingkaran Panggul: 80 cm**



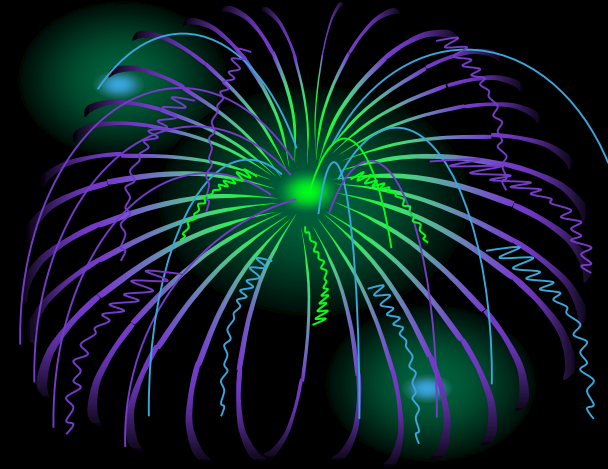
UKURAN PANGGUL DALAM

- * **Conjugata vera = 11,5 cm**
CV = CD - 1,5 cm
- * **Diameter Transversa (12,5 - 13 cm)**
- * **Diameter Obliqua (13 cm)**
- * **Distansia Tuberum (10,5 cm)**
- * **Arcus Pubis (> 90°)**



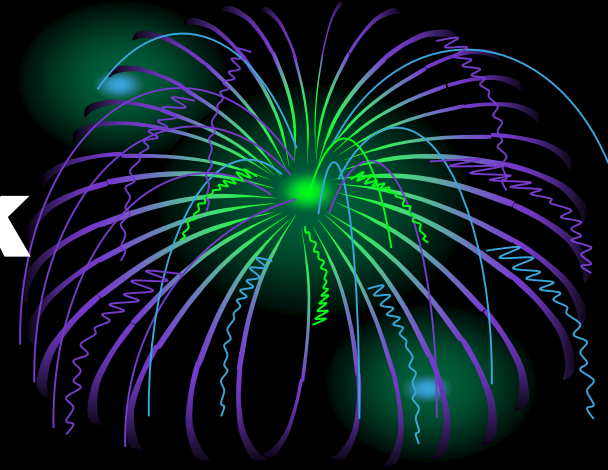
PEMERIKSAAN GINEKOLOGI

ANAMNESA



- **Keluhan utama**
- **Riwayat Haid (durasi, frek, interval, HPHT)**
- **Riwayat Obs (Para, Ab, Mola, KE)**
- **Riwayat Gyn (op, keputihan dll)**
- **Riwayat KB**
- **Mitra seks**

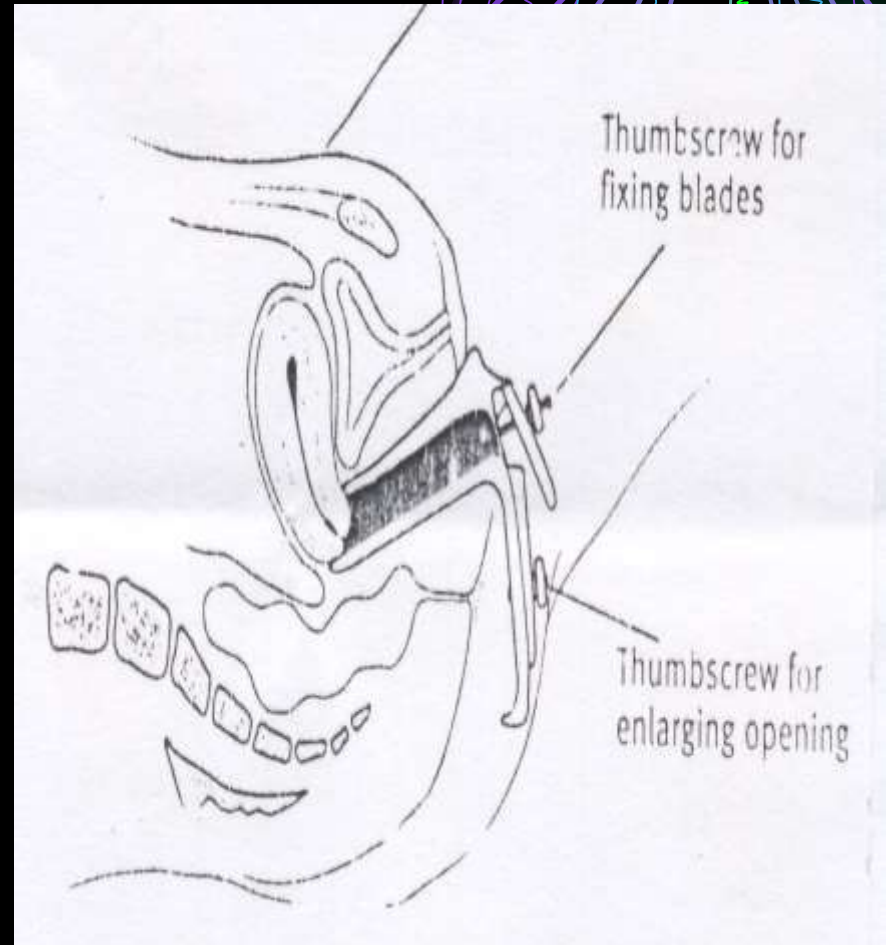
Pemeriksaan Fisik



- **Kosongkan VS**
- **Jelaskan rencana DP**
- **Pemeriksaan scr. General**
- **Pemeriksaan payudara**
 - **Inspeksi → berdiri, lengan disamping**
 - **Palpasi → berbaring dan duduk, lengan diatas kepala**

Pemeriksaan Pelvis

- **Posisi → lithotomi**
- **Inspeksi**
 - **Gen ekst**
 - **Pemeriksaan spekulum**

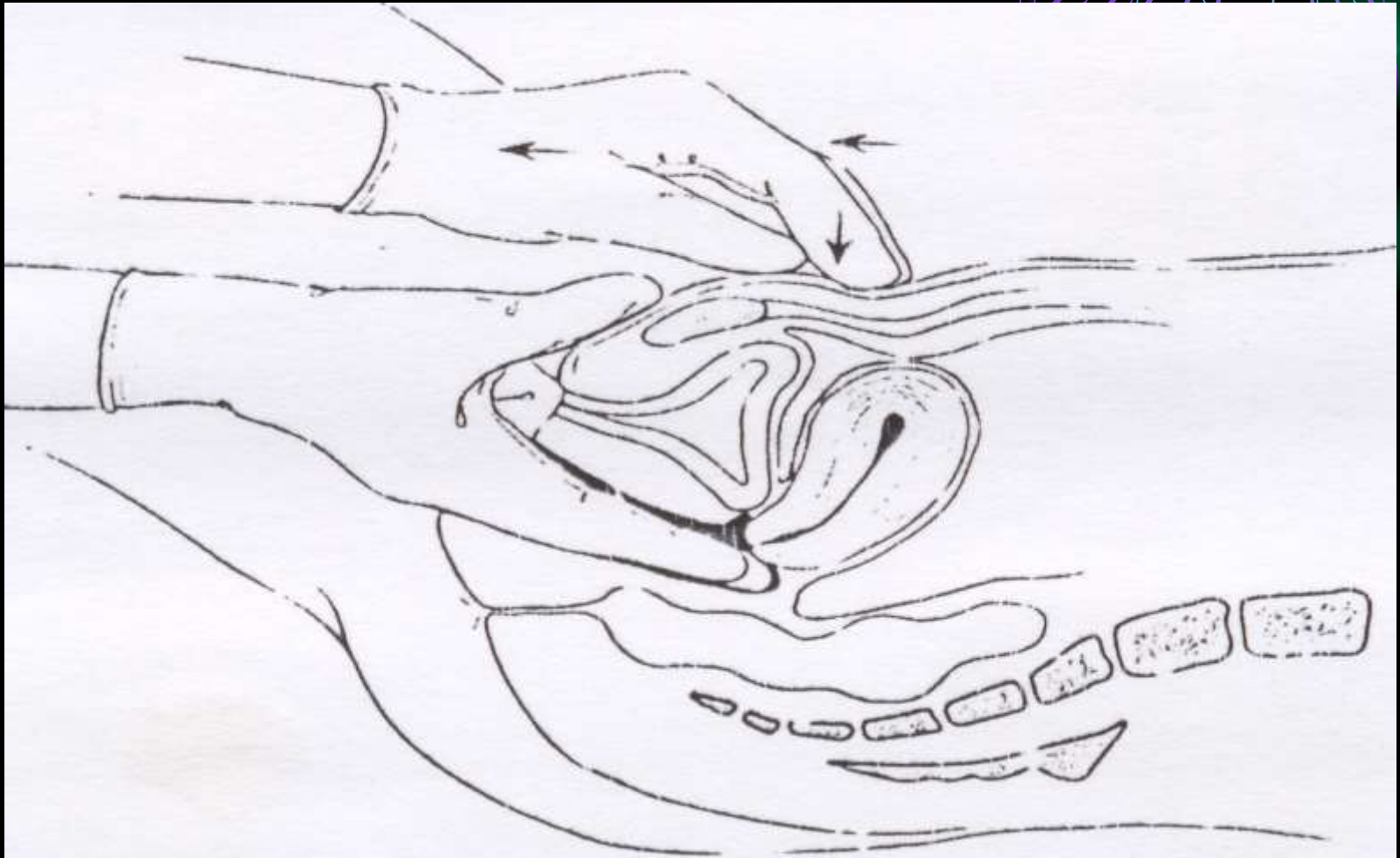


Pemeriksaan Bimanual

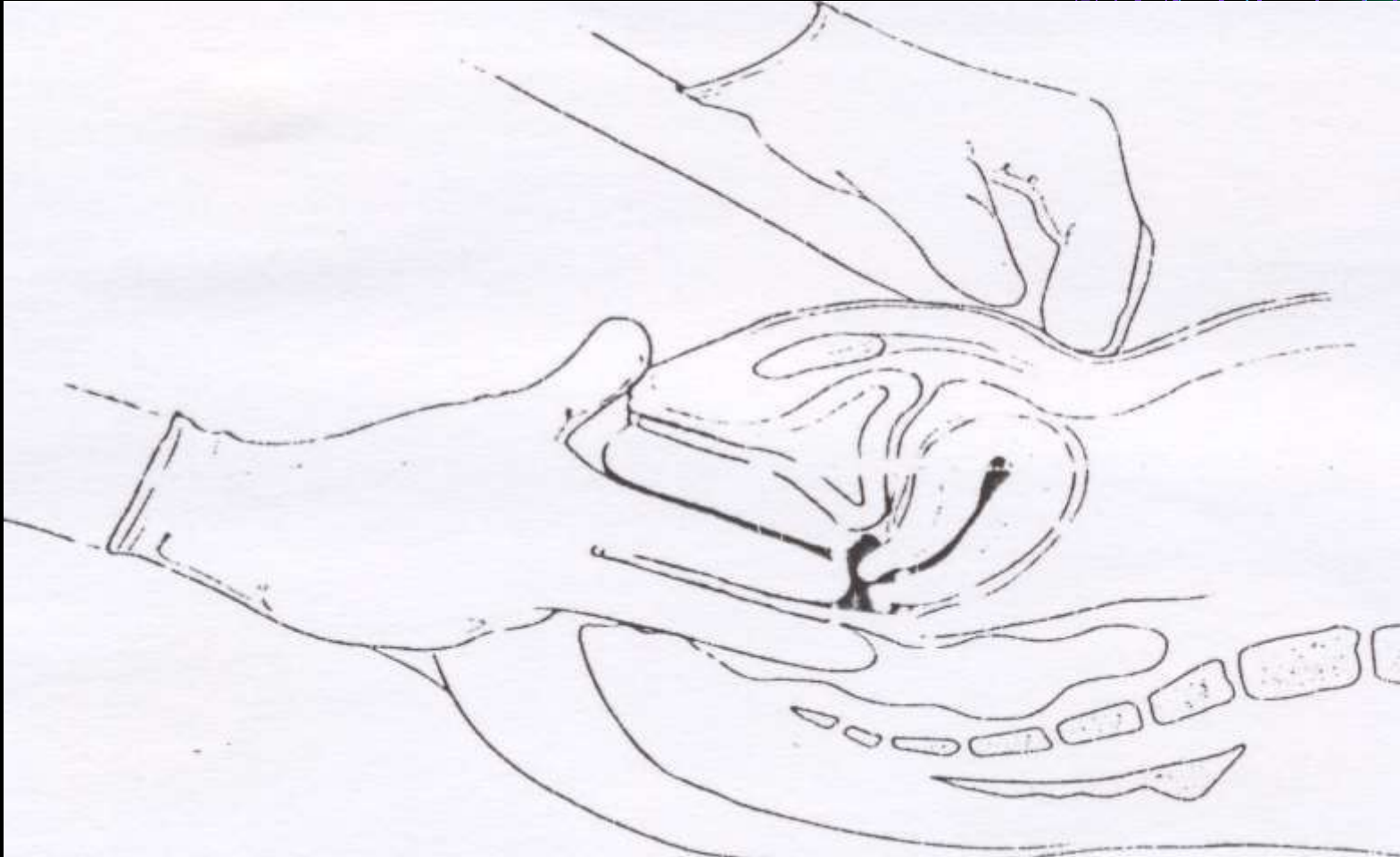
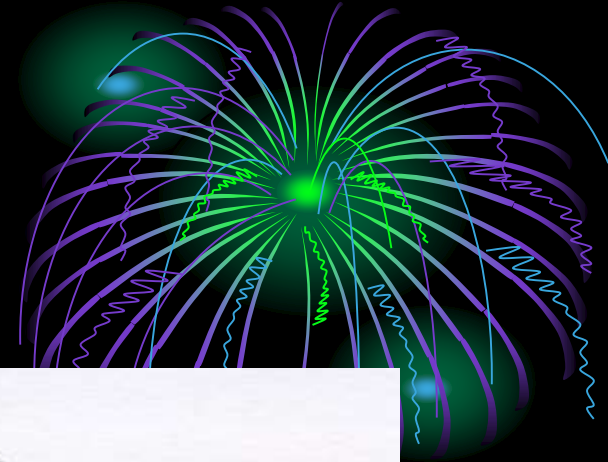
- **Untuk px yg sdh menikah**
- **Dua jari tangan kanan di vagina, tangan kiri di abdomen diatas symfisis**
- **Pemeriksaan organ pelvis**
 - **Serviks → bentuk, ukuran, mobilitas, nyeri, massa**
 - **Uterus → bentuk, ukuran, mobilitas, nyeri, massa, Ante/retro fleksi, konsistensi**
- **Adneksa → D-S, massa, nyeri, perlekatan**

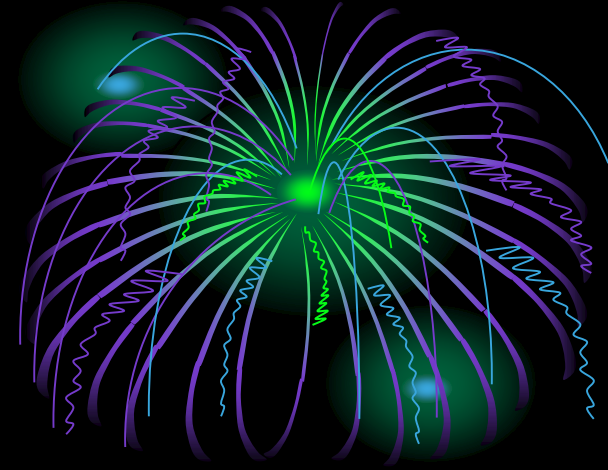


Pemeriksaan Bimanual (cont.)



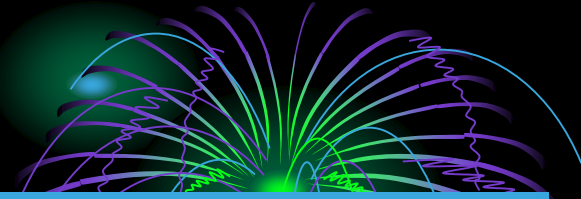
Pemeriksaan Rektovaginal





VIDEO PEMERIKSAAN PELVIS

Laporan



Ny. X usia P.... ... A..... Anak terkecil usia..... th

Menikahkali selama. HPHT

KB :

Inspeksi : Vulva vagina : fluor / flek / fluksus / massa

Inspekulo : Vulva vagina : fluor / flek / fluksus / massa

Portio : licin/tidak; massa bentuk dan ukuran,

Fluor, filamen AKDR +/-

Ostium uteri eksternum terbuka / tertutup

VT : Vulva vagina : fluor / flek / fluksus / massa

Portio : licin/tidak; massa bentuk dan ukuran,

Fluor, filamen AKDR +/-

Ostium uteri eksternum terbuka / tertutup

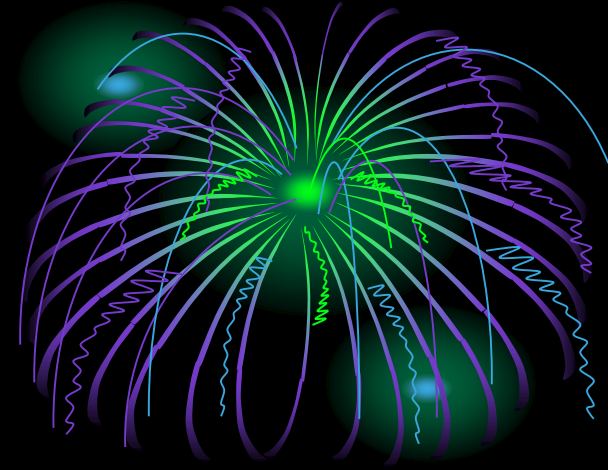
Uterus : ukuran, bentuk, posisi (ante atau retrofleksi)

**Adneksa Parametrium Dekstra : nyeri + / - massa + / -
(deskripsikan)**

**Sinistra : nyeri + / - massa + / -
(deskripsikan)**

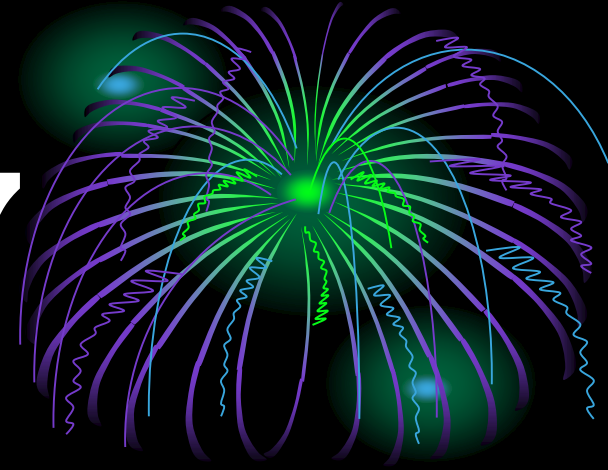
Cavum Duoglas : massa (deskripsi), nyeri

USIA KEHAMILAN



- **HPHT**
- **PLANO TEST**
- **QUICKENING → FM PERTAMA**
- **USG**

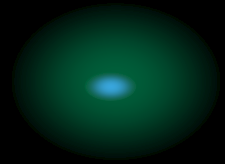
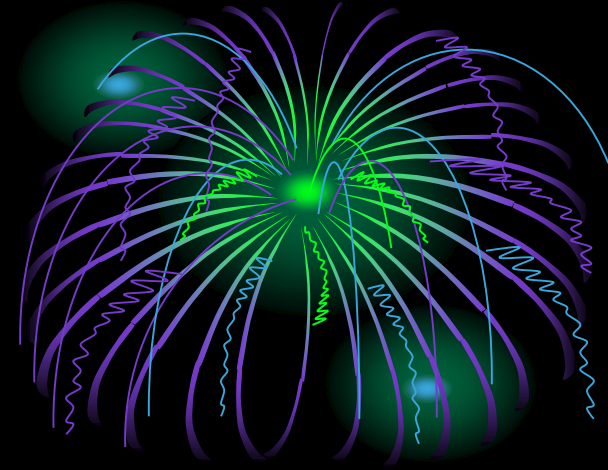
HT ; 25 Januari 17



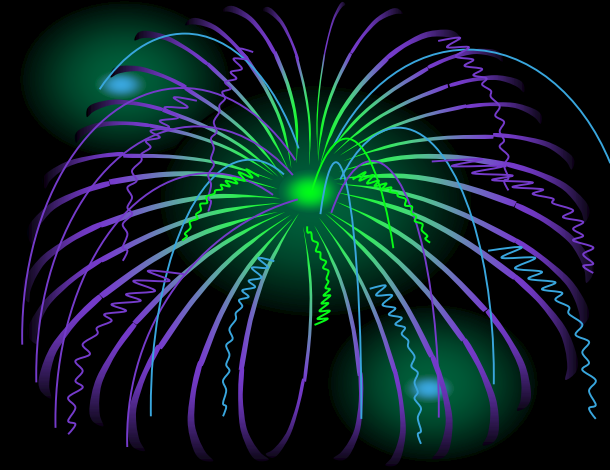
- **ANC : 2 Sept 2017**
 - **UK :**
 - **TP : UK 40 MGG → 32 okt → 1 Nop**
 - **KAPAN AKAN MELAHIRKAN → 40
± 2 MGG**
- **UK : < 36 MGG : GENAP, INT 2
MGG**
- **> 36 MGG > INT 1 MGG**

2 sep 17

- **Tp ; 1 nop**
- **1 nop - 20 sep**
- **25 okt - 13 sep**
- **18 okt - 6 sep**
- **11 okt - 31 agt**
- **4 okt**
- **27 sep**



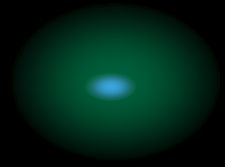
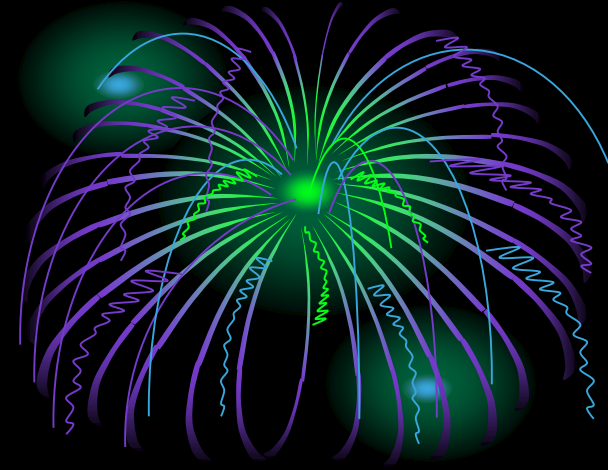
HT ; 9 MARET 13



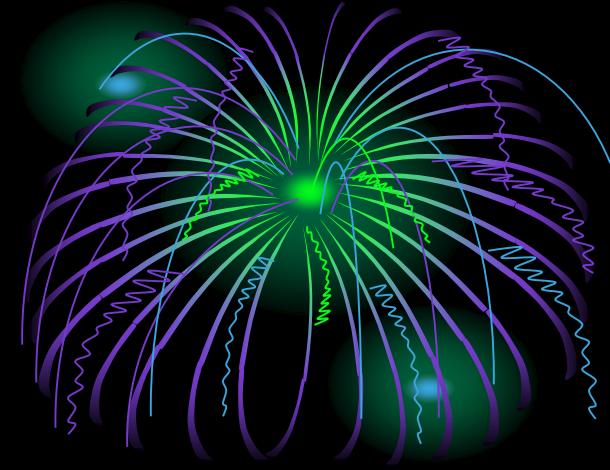
- **ANC : 2 NOP 2013**
 - **UK :**
 - **TP : UK 40 MGG → 16 DES 2013**
 - **KAPAN AKAN MELAHIRKAN → 40
± 2 MGG**
- **UK : < 36 MGG : GENAP, INT 2
MGG**
- **> 36 MGG > INT 1 MGG**

HPHT :5 JULI

- **TP : 12 APRIL**
- **ANC : 5 APRIL → 39-40 MG**
- **5 JULI – 31 = 26 HR**
- **Agt-Maret = 244**
- **1 – 5 APR = 5 HR**
- **275 ; 7 = 39 2HR**

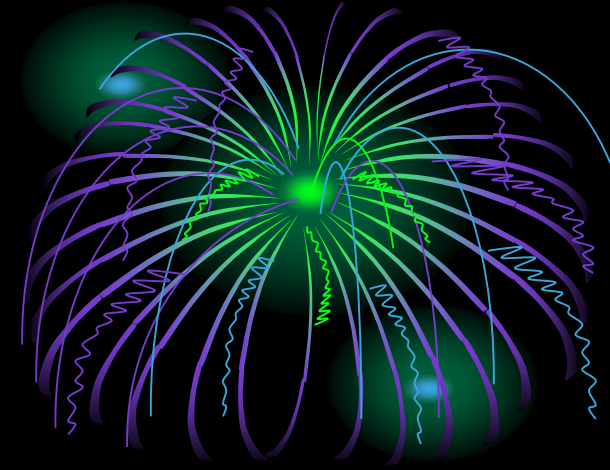


HT ; 12 OKT 13

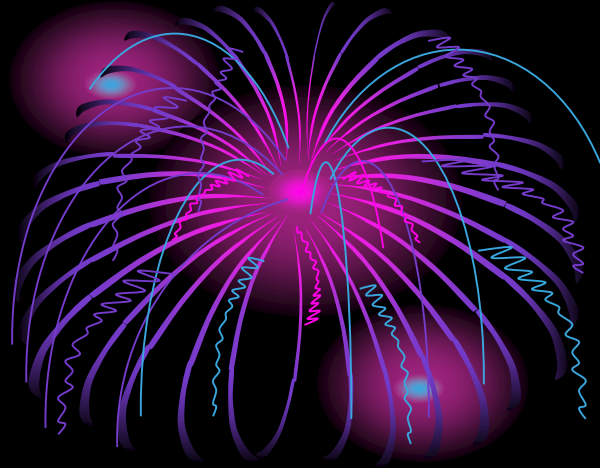


- **ANC : 4 APRIL 2014**
 - **UK**
 - **TP : UK 40 MGG (19 – JULI 2014)**
 - **KAPAN AKAN MELAHIRKAN → 40
± 2 MGG**
- **UK : < 36 MGG : GENAP, INT 2
MGG**
- **> 36 MGG > INT 1 MGG**

HT ; 25 OKT 12

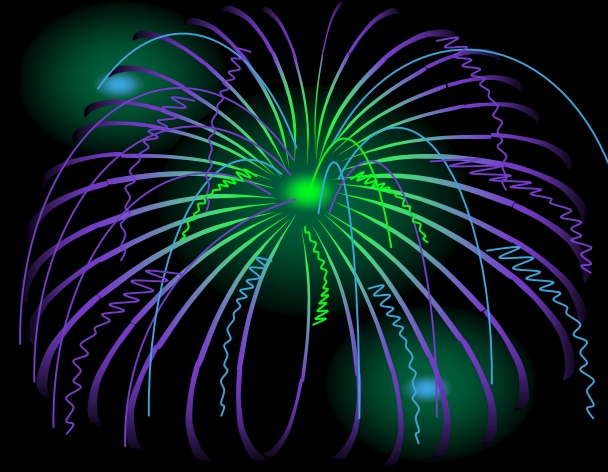


- **ANC : 4 Januari 2013**
 - **UK**
 - **TP : UK 40 MGG (1 Agustus 2013)**
 - **KAPAN AKAN MELAHIRKAN → 40
± 2 MGG**
- **UK : < 36 MGG : GENAP, INT 2
MGG**
- **> 36 MGG > INT 1 MGG**



TERIMA KASIH

Wassalamu'alaikum Wr Wb



- **HPHT : 12 NOP 2008**
- **TP : 19 AGT 2009 → 40 MGG**
- **DATANG : 12 AGT 2009**