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MODUL PRAKTIKUM

BAHASA INGGRIS KEBIDANAN

###### DOSEN

**IDA SETYOWATI, M.Pd**

**AGUNG WICAKSONO.,M.Pd**

**SEKOLAH TINGGI ILMU KESEHATAN HUSADA JOMBANG PRODI DIPLOMA TIGA KEBIDANAN**

Kata Pengantar

Puji syukur kami panjatkan kepada Tuhan Yang Maha Esa, atas rahmat dan hidayahNya, sehingga kami dapat menyelesaikan modul, modul ini diperuntukan bagi pegangan mahasiswa diploma tiga kebidanan.

 Modul ini disusun dengan tujuan untuk memudahkan mahasiswa pada proses pembelajaran khususnya praktikum. Diharapkan modul ini menjadi bahan pembelajaran bagi mahasiswa yang melaksanakan praktikum. Pada kesempatan ini penyusun menyampaikan terimakasih kepada semua pihak yang telah membantu penyusunan modul praktek ini.

Kami menyadari bahwa modul praktek ini belum sempurna, untuk itu penyusun mengharapkan masukan demi kesempurnaan modul. Semoga modul ini dapat bermanfaat.

Penulis

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**BAB I**

**PENDAHULUAN**

1. **DESKRIPSI MATA KULIAH**

Stikes Husada Jombang mempunyai tujuan menghasilkan lulusan bidan profesional yang berkualitas, baik dari pengetahuan, ketrampilan dan sikap sesuai dengan standar profesi. Dalam rangka mencapai tujuan tersebut, mahasiswa diwajibkan mengikuti kegiatan pembelajaran.

Salah satu misi Stikes Husada Jombang adalah menyelenggarakan pendidikan yang menghasilkan bidan kompeten dalam asuhan kebidanan yang unggul dalam pelayanan kebidanan komunitas berbasis pelayanan prima.Untuk mencapai misi tersebut maka diperlukan modul yang dapat menjadi pegangan bagi mahasiswa untuk meningkatkan pengetahuan, dan melatih keterampilan dalam melaksanakan Bahasa Inggris 1 SKS pembelajaran yang dicapai dengan kegiatan praktikum sebanyak 7 kali pertemuan @ 2 jam (120 menit).

Materi Bahasa Inggris mencakup (1) Question to collect the quantity of pregnancy (2) Useful Expression: giving reassurance (motivation) (3) Useful Expression: explaining the procedure.

Modul ini bertujuan untuk membantu mahasiswa agar mampu menjadi calon bidan yang sanggup melayani pasien menggunakan bahasa asing, dan sanggup bersaing dengan mahasiswa lain.

1. **PRASYARAT**

Sebelum mempelajari modul ini anda harus sudah lulus pada matakuliah disemester I

1. **PETUNJUK PENGGUNAAN MODUL**

Sebelum menggunakan modul ini anda harus memahami cara penggunaan modul. Modul ini disusun untuk menjadi bahan belajar mandiri mahasiswa disamping proses pembelajaran di kelas. Baca dengan hati – hati semua komponen modul dan ikuti langkah – langkah yang telah diuraikan dalam modul ini.Jika ada beberapa hal yang tidak anda mengerti tanyakanlah kepada dosen penanggung jawab mata kuliah.Setiap aktivitas dalam modul ini telah disusun secara berurutan, maka dari itu pastikan anda telah mengikuti dan menyelesaikan aktivitas yang diperintahkan dalam modul sebelum mengerjakan ke aktivitas berikutnya.

1. **TUJUAN**
2. Tujuan Umum

Mahasiswa mampu melayani pasien dengan menggunakan Bahasa Inggris

1. Tujuan Khusus

Setelah mengikuti proses pembelajaran :

1. Memahami Question to collect the quantity of pregnancy
2. Memahami Useful Expression: giving reassurance (motivation)
3. Memahami Useful Expression: explaining the procedure
4. **PROSEDUR PENCAPAIAN**
	* 1. Kegiatan diikuti oleh seluruh mahasiswa
		2. Setiap materi diberikan dan mahasiswa harus aktif bertanya kepada dosen
		3. Setiap pertemuan dosen mengevaluasi materi yang telah disampaikan
5. **BEBAN SKS**

2 SKS pembelajaran

1. **TATA TERTIB MAHASISWA**
2. **Tata Tertib Pembelajaran**
3. Mahasiswa wajib menyiapkan alat pembelajaran sebelum dosen masuk
4. Penanggung jawab Makul Bahasa Inggris wajib mengkonfirmasi ulang kepada dosen, tentang jam menggajar
5. Mahasiswa yang terlambat 15 menit atau lebih tidak diijinkan mengikuti pembelajaran
6. Mahasiswa tidak boleh bersendau gurau dan harus bersikap sopan selama mengikuti pembelajaran
7. Selama pembelajaran berlangsung, mahasiswa tidak boleh meninggalkan kelas tanpa izin dosen
8. Mahasiswa boleh tidak masuk maksimal 2x pertemuan
9. Mahasiswa wajib menggembalikan alat pembelajaran setelah kuliah tersebut selesai
10. **MATERI**

1. Memahami Question to collect the quantity of pregnancy
2. Memahami Useful Expression: giving reassurance (motivation)
3. Memahami Useful Expression: explaining the procedure
4. **EVALUASI**

Penilaian (evaluasi) kegiatan praktikum Bahasa Inggris diambil dari perolehan uji ketrampilan berdasarkan ceklist. Petunjuk skor penilaian ketrampilan :

1. : Jika tidak dilakukan dengan sempurna
2. : Dilakukan dengan sempurna

**BAB II**

**KEGIATAN PEMBELAJARAN**

1. **Question to collect the quantity of pregnancy**

**Question to collect the quantity of pregnancy**

1. How does a home pregnancy test tell you if you are pregnant?

To understand how the home pregnancy test works, visit our [instructions](http://www.early-pregnancy-tests.com/inpregtesstr.html%22%20%5Ct%20%22_blank) page. The first tip in pregnancy testing is to follow the instructions closely - and to understand the principles behind the diagnostic science. FDA-Approved HPTs are over 99% accurate in laboratory settings (which means that if you follow instructions and observe the testing tips, your results will be accurate!). To provide a brief summary, a pregnancy test 'reacts' to a special pregnancy hormone called hCG that is produced by the developing embryo and is found in a woman's urine. On average, at around seven-to-ten days past ovulation, there should be enough hCG hormone in a pregnant woman's [first morning urine](http://www.early-pregnancy-tests.com/firstmorningurine.html) to start producing positive lines on high-sensitivity pregnancy tests like ours.

However, please note that hCG increases in your system at different rates among different women. Whether a positive or negative result, we recommend that you repeatest to confirm the result in a few days. A negative result early on does not foreclose the possibility of pregnancy, so test again using a first morning urine sample. And once again, do read the instructions (every word) closely to ensure that you are using and interpreting the test correctly.

1. Blood Pregnancy Tests vs. Urine Pregnancy Tests: Which are better?

While [home pregnancy tests](http://www.early-pregnancy-tests.com/3pregtesstri.html) are designed only for urine samples, there are also blood pregnancy tests which can be taken at a clinic or your doctor's office. Both blood and urine pregnancy tests detect the hCG hormone, they just use a different bodily fluid to achieve the same end. A blood test is, typically, more sensitive than a urine test, and with a *quantitative* test you can actually learn the exact amount of hCG hormone in a blood sample. In the old days (like a decade or so ago), home pregnancy tests were very expensive and complicated, often requiring quasi-laboratory-like procedures! Today, as you know from reading our website at Early-Pregnancy-Tests.com, home testing is quite simple and very affordable. If you do receive a positive on a home test, it is still recommended to contact your doctor right away for a follow up test and to learn important facts to ensure a healthy pregnancy for both you and your baby.

As noted above, there are two types of doctor-administered blood tests: quantitative and qualitative. *Aquantitative* test (beta hCG) is highly accurate because it measures the volume of hormone - providing you with a number that reflects the amount in your system. Like home urine kits, a *qualitative* hCG blood test simply determines if hCG has reached a specific gravity or "positive threshold". A urine test (hpt) and the qualitative blood hCG test both function like a light switch (it's either on or off) giving you a "yes" or "no" answer to the big question..

Common Questions about Testing *Accuracy* :

1. How accurate are home pregnancy tests?

As indicated above, pregnancy tests are very accurate - over 99% accurate when used properly. Before using a test, ensure that expiration date has not passed. Our tests at Early Pregnancy Tests.com offer the maximum allowable 2-year expiration dates.

1. When do I start Testing?

Start dates depend on specific test sensitivity. With our tests, you can *begin*testing at around 7-10 days past ovulation. Note that the quantity of pregnancy hormone increases nearly exponentially each day in early pregnancy just following implantation. Use a first morning urine sample to increase testing accuracy. In early pregnancy, your test line might be faint. As hCG increases, your faint positive should slowly transform into a big fat positive.

1. What are the variables that impact accuracy (or early detection)?

Actually, there are many - and each variable corresponds to a specific testing tip to help ensure that your result is as accurate as possible.

* ***Implantation Date***: Implantation can take place soon after ovulation - or up to a week or so. This means that the hCG hormone can start flowing early, or it may be somewhat tardy. The date of implantation is a key variable, because hCG will not be present in your system until the embryo implants in the womb. **Tip**: Chart fertility to learn when you ovulate. Not every woman has a 28 day cycle. And not every cycle is going to be the same length. By BBT charting for ovulation you can know when you are most fertile - and you can also determine when you can begin testing for pregnancy.
* ***Rate of hCG Increase***: Following implantation, hCG will be produced, though at variable rates among women. In most cases, it increases very rapidly, doubling nearly every day. The amount of hCG in urine will be at its highest concentration in first morning urine samples. **Tip**: Use first morning urine! If you can't - or don't have time - and you need to test later in the day, hold your urine for as long as possible before collecting a sample (and avoid drinking a lot of fluids before testing that might). Avoid caffeinated beverages before testing as they will act as a diuretic. If you receive a negative result early on, wait a few days and test again.
* ***Sensitivity of Test***: Different tests have different sensitivity thresholds. The more sensitive the test, the sooner you can test. Many drugstore brands require that you wait until your missed period to test. But this, in a way, sort of defeats the point... With a high sensitivity, early detection pregnancy test, you can learn if your are pregnant before your missed period. **Tip**: Use our FDA-Approved [pregnancy tests](http://www.early-pregnancy-tests.com/3pregtesstri.html) which have the highest sensitivity levels and full two-year expiry dates.
* ***Fertility Drugs***: There is not much that interferes with a pregnancy test kit, so that's good news. Most prescription and OTC drugs do not affect test results, nor will birth control pills. However, some fertility drugs do contain hCG and can cause a false positive pregnancy test. Clomid, among the most popular ovulation-induction fertility medications, does *not* contain hCG, so no worries there. **Tip**: If you are taking fertility medications, ask your doctor if or how they will interfere with using a home pregnancy test (or an ovulation test, for that matter, as clomid can cause some problems with OPKs). Happy testing.
1. **Useful Expression: giving reassurance (motivation)**
2. **of pregnancy**

**Useful Expression: giving reassurance (motivation)**

1. What it is:

During labor, the labor support ensures the mother she is doing well, and encourages her to continue what she is already doing.

1. How it works:

Three little words, "You're doing great," can give a woman the extra strength she needs to make it through a difficult part of labor. During active labor, the mother may not realize how far she has progressed. She is literally taking her labor one contraction at a time, and unlike those supporting her, she may not see it as one contraction closer to the birth. She may not even recognize that she has a significant portion of her labor behind her.

That is one of the reasons continuous labor support is so important. The labor support becomes the mother's "eyes and ears," watching what is happening and letting the mother know where she is. Comments such as "I can't do this!" can be calmed by responses such as, "but you are doing this, and you're doing great." Suddenly, the mother may have a new found confidence to continue.

1. How to do it:

Transition is a time of confusion for a mother. She cannot get comfortable, she does not seem to know what to do, she may not even remember that she is in labor for a baby. It is at this point that the reassuring words of her labor partners can help a woman most. She may need to be reminded how close she is to pushing, and to holding her baby. She may also need to be reminded what to do. She may not remember what was said for more than a few seconds, so repeat yourself without getting frustrated. Looks of panic on the mother can be responded to with, "I'm right here, we're almost done."

There are no magic words of encouragement that will help every mother. The words you choose depend on who she is, and what your relationship is to her. In some instances, "I love you" will be very reassuring. In other cases, "You're doing perfect, it's beautiful to watch you." will reassure her. As her labor support, you should know the mother well enough to know what will relax and reassure her.

Here are some sample phrases:

*The baby is moving down, the baby will be here soon.*

*The baby is trying to come out. You are helping her come out.*

*The stronger it feels, the better it works.*

*You are dong so well, I'm so proud of you.*

*Your body is working perfectly. Everything is working perfectly.*

*The nurse said you were doing great. You ARE doing great.*

Incorporating it *into* labor:

You may try repeating an encouraging phrase several times. Encouraging words said to the mother during a contraction can give her something to focus on, while reassuring her that what is happening is normal.

Select an encuraging phrase or two to write on index cards. Place these around the labor room for the mother to focus on while she labors.

Incorporate an encouraging phrase into her labor ritual, perhaps welcoming each contraction with a phrase such as, "Let's do this together," or ending each contraction with a phrase such as, "One more contraction closer to the baby."

**C.Useful Expression: explaining the procedure**

1. **of pregnancy**

**Useful Expression: explaining the procedure**

Examination in pregnant women needed more attention, because the doctor does not only check the condition of the mother, fetus state will also be examined. When the doctor started inspection, show respect and ensure the comfort of the patient. Here's privacy should be maintained, and patients' trust factor as well as the local culture is very important. If this is the first visit of the patient, anamnesis finish as he dressed. If the patient's spouse or any children are present, ask the patient if he would prefer that they stay or leave the room during the physical examination.

Ask if the patient has had to do a pelvic exam; if you have not, explain the inspection process in advance and ask for the cooperation of the patient. Attention is needed in patients who have a history of sexual violence, such patients may be refused a pelvic examination.

To facilitate the examination of the breast and abdomen, the patient is asked to wear a dress with the open there on the front. And ask the patient to urinate to empty his bladder that would ease later examination.

1. Examination Patient Position on Pregnancy

In early pregnancy, there is no particular concern about the position of the patient examination. During pregnancy more, half-sitting position with knees bent will give comfort to the patient. This position will reduce the emphasis abdominal veins by the uterus. If the patient is positioned supine, the uterus is above the vertebral column and pressing desending aorta and inferior vena cava.

1. Height, Weight, and Vital Signs of Pregnancy

Measure the height and weight to obtain BMI with standard tables, use a percentile of 19 to 25 to a normal state in the prepregnancy period. Blood pressure measurements at each visit. The initial measurement before pregnancy helps in determining a patient's blood pressure to normal limits. In the second trimester, blood pressure usually drops below the pre blood pressure in pregnancy. All the increase in blood pressure should be marked and closely monitored, which can occur as a diagnosis of hypertension alone or marker for preeclampsia.

1. Head and Neck Examination in Pregnancy

The position of the patient and the doctor sat down in front of him. What needs to be observed in head and neck are:

1. Face. Irregular brownish pigmentation on the forehead, cheeks, nose, and jaw known as chloasma or melasma, is a normal finding skin during pregnancy.
2. Hair. Hair can become dry, oily, or rarely during pregnancy; mild hirsutism on the face, abdomen, and extremities are also common.
3. Eye. Assessing the conjunctiva and sclera for signs of pallor and jaundice.
4. Nose. Check the mucous membrane and septum. Nasal congestion and nosebleeds are common during pregnancy.
5. Mouth. Check the teeth and gums. Enlargement and gingival bleeding often occurs during pregnancy.
6. The thyroid gland symmetrical enlargement normal during pregnancy.
7. Examination of Thorax and Lungs in Pregnancy
8. Counting the number of breathing the number of breathing per minute should remain normal during pregnancy.
9. Inspection chest. To observe the contours and breathing patterns.
10. Chest percussion. To assess the elevation position of the diaphragm which can be seen at the beginning of the first trimester.
11. Auscultation of the chest. To assess normal breathing without wheezing, rales or crackles.
12. Heart examination in Pregnancy
13. Palpation of the heart. Apical impulse, can shift up and to the left at the fourth intercostal space due to pressure by the enlarged uterus.
14. Cardiac auscultation. Listen to the hum of a vein or mammary souffle, which was often heard during pregnancy due to increased blood flow in the blood vessels of normal. Listen also if the murmur, which is a sign of anemia.
15. Breast Examination in Pregnancy
16. Inspection. Inspection breasts and nipples for symmetry and color. Changes are normal in pregnant women include vein pattern emerging, the nipple and areola color will be darker and Montgomery glands are prominent.
17. Palpation. Useful for mass identification and axillary lymph nodes. Normal breast may be tender and nodular during pregnancy. Massage each nipple with the thumb and forefinger; colostrum may be out of the nipple trimester of most recent.
18. Examination of the Abdomen in Pregnancy
19. Inspection Abdomen in Pregnancy

Inspection of the abdomen to assess the presence of striae (scarring, size, shape, and contour). Purple striae and linea nigra is a normal condition in pregnancy.

1. Abdominal palpation Organ and mass.

The uterus will meet the abdomen during pregnancy. Fetal movement. Examiner can usually feel the external movements after 24 weeks of pregnancy; mother can usually feel the earlier about 18 to 24 weeks.

 Uterine contractility. Irregular uterine contractions can occur as quickly as possible at 12 weeks gestation and can be triggered by external palpation in the third trimester. During the contraction, the stomach was taut, so obscure palpation examination fetal parts.

Fundus height measurement is performed if gestation was 20 weeks. By using a measuring tape, starting with finding the symphysis pubis and place the point of "zero" the meter where the bone was palpable. Then measured to the top of the fundus and recorded in centimeters size. Total size in centimeters is approximately equal to the week of pregnancy. At 20 weeks, the fundus reaches the umbilicus.

1. Auscultation of the Fetal Heart Rate

By using fetoscope or rate monitor fetal Doppler / Doptone can detect fetal heart rate (FHR) in pregnancy of 10 weeks.

1. Examination of genitalia in Pregnancy

For this examination, the patient needs to be back with legs astride and placed in the buffer. Preparation and equipment should be prepared and minimize the time the patient in this position to prevent dizziness and hypotension from compression of the uterus on major blood vessels of the abdomen.

1. Examination of the extremities in Pregnancy

On examination of the extremities position the patient in a sitting or reclining tilt left. Continue on foot inspection to assess their. Palpation of the limbs to assess any pretibial edema, ankle and foot. Physiological edema usually appear at the age of pregnancy, or during hot weather, and the women who stand for long. This happens due to a decrease in venous return from the lower extremities. Do also check reflexes. Due hiper reflexia indicates preeclampsia.

**BAB III**

**PENUTUP**

1. **Simpulan**

Dalam modul pembelajaran ini dibahas supaya mahasiswa dapat berbahasa inggris dengan baik dan benar.

1. **Saran**

Diharapkan dapat menjadikan bahan pustaka dan meningkatkan kualitas pendidikan bagi mahasiswa dengan penerapan secara langsung pada mahasiswa sehingga dapat menghasilkan bidan yang berkualitas.