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Case Description Mother Delivery with Uterine Inertia Diruang Ponck RS SMC District Tasikmalaya 2019 Program D-III Obstetric College of Sanità Science e Repeats Tasikmalay Scientific Note August 2019 Abstract IOLIMA Noor Description Mother Case Delivery with Uterine Inertia in Ponck RS SMC District Tasikmalaya 2019 The beginning of the XVI + 56 pages + 8 + 10 Appendix UTERI inertia or its inadequate is its weakest, shorter and radius nature of its normal. Uterine inertia can cause the work that can cause negative effects for the mother and for the prolonged fetus. Based on data from women who give birth to SMC hospitals Tasikmalaya District, in 2017 100 100th deliveries with cases of uterine inertia as many as 74 people (74%) and who have complications of 16 people (16%), while in 2018 the number of Women who start the most 115 deliveries uterine inertia cases 80 people (69.56%) and complications that live as many as 24 (20.8%). The purpose of research to learn about the state of diagnosis, causes, treatment, complications in maternal uterine inertia in the SMC RS Ponck Tasikmalaya Regency year 2019. Theoretically outcome study materials for the development of knowledge about the image of maternal cases with uterine L ' Inertia in the Ponck RS SMC room Tasikmalaya Regency year 2019. The search method using study cases. The subjects are mothers of birth with uterine inertia. Tools Used Exams Sheets, Interviews, ObserPase. Data analysis using narrative qualitative data. The research has detected mother diagnosis of the order had uterine mother inertia has entered the second phase of the work with less than 3x10Å € its x45Å €, the causal factor is located in the mother factor is the parity that is primed, the action Management is the induction action in conform to SOP and the complications that are not in the mother, but the complications found in newborns and that is asphyxia. The conclusion of the results, the mother has a hypotonic or secondary uterine inertia, do so that the parity that is primed, according to the MANAGEMENT SOP, the complications were found in asphyxious infants were in the SMC hospital Tasikmalaya Regency year 2019. Yes It provides for obstetrics for the initiation of the causes or complications of UTERI inertia as the ANC. Keywords: Parity and inertia Reference Ueri: 10 Books (2008 2019) 7 D-III Program Magazine Obstetrics High School Studio Sanità Science Replaced Tasikmalaya Scientific Papers, August 2019 Summary IOLIMA Noor Description of the mother called with wife in uterine intercia Space Ponck RS SMC Tasikmalaya First Section 2019 XVI + 56 pages + 8 + 10 Appendices Inadequate uterine tables Inertia is yours or its weakest, brief and rarely normal. Uterine inertia can cause work to last for a long time so that it can have negative effects on the mother and fetus. Based on maternal data to the SMC hospital in Tasikmalaya Mann, in 2017 there were 100 deliveries with 74 cases of uterine inertia (74%) and 16 complications (16%), while in 2018 they were 115 births with 115 deliveries for 80 cases of uterine inertia (69.56%) and 24 complications (20.8%). The purpose of this study was to determine the diagnosis, causes, management, complications of uterine inertia in pregnant women in the boarding room of the SMC hospital in Tasikmalaya Regency in 2019. The advantages of Tasikmalaya Regency SMC in the 2019. The search uses the method case of study. The subjects were maternal uterine inertia. The tools used were exam leaves, interviews, observational ounce. Qualitative data analysis using the data presented in the form of narration. The results of the study found that the diagnosis of the mother replaces uterine inertia when the mother moved to the second phase of work with her less than 3x10'x45 ", the research factors found in the mother is parity in the firstparas , In the Of the actions undertaken in agreement with Sop and Found complications in the mother, but found complications in newborns that is asphyxia. Conclusions from the results of the study found that the mothers experience hypotonic or secondary uterine inertia, the factors that cause parity are primitive, management according to SOP, complications found to moderates newborn asphyxia Tasikmalaya Regency SMC Hospital in 2019. It is thinking and that obstetrics capable of detecting the causes or inertia complicated utory complications since the ANC. Keywords: parity and inertia uteric References: 10 Books (2008 - 2019) 7 Magazines Etiology Distociation General Alomedika 2019-08-26T17: 25: 06 + 07: 00 2019-08-26T17: 25: 06 + 07: 00 2019-08-26T17: 25: 06 + 07: 00 EZIOLOGY DISCOGIA IN General divided into three groups known as the abbreviation of 3P (Power, passage, and passengers). Power is an inadequate uterine contraction, Passage is a street anomaly, while the passenger declares the condition of an abnormal fetus. The cause of disduciates can be multifarial from the abnormal condition. [2] To be able to choose the right treatment, the cause of the disduciation can be classified in causes of pregnant women and fetal causes. [8] Etiology of pregnant women causes Distocias from maternal factors including weak uterine contractions and horn anomalies. Uterine inertia or inadequate uterine contractions can be primary and secondary. Primary uterine inertia is usually due to uterine uterine cause of twin or polihdramnion pregnancy. While secondary uterine inertia is caused by the fatigue of myometer cause of work obstruction. [2.8] Anomalies Birth Included Proportion of fetal heads with pelvic cavity of the mother, pelvic deformit, uterine torsium, dilated inkomplit cervix, or mass presence in such malignity able to cover the path. The condition of the vulva and vestibule stenoses in young women of eth. can also cause distocals. [8.11] Fetale Etiology causes usually fetal factors due to malpositions, males or disproportion of pelvic heads (Cephal pelvic dispropotion / CPD). The fetus is relatively greater than a maternal basin (fetopelvic dispropotion) causing diserved, so that the fetal mall and malpositioning will not be a problem if the child is not too big. [8] The most commonly found malpositioning is the position of occitito. The fetus usually rotate to occitainiorior before the labor, but about 2 Å € ~ "7% of the fetus in the first pregnancy will remain at the position of the occitito. [9.10] Risk factors there are different conditions that can increase the risk of Dystosia, namely: Mother's age> 35 years old mother 41 weeks pelvic mother limiting intrauterine infection uses epidural fetal analgesia weight, more than 4,000 grams (macrosomia) position Head high when maximum cervix expansion (> 2 cm) The position of the OligoHdramnion OxiAnterior fetus or oligohydramnion of early breaking of other maternal factors, such as hypertension, diabetes mellitus, previously perinatal death history, the use of drugs for fertilly, and history Disotics in the family. [2, 12-18] 2. American College of Obstetrics and Gynecology Committee on Practice Bulletters-Obstetrics. Acog Practice Nu Bulletin Mero 49, December 2003: Disotics and increased work. Obstet Gynecol. 2003 DEC; 102 (6): 1445-1454 8. MCGES N. Incidence and economic meaning of disdocess and recommendations for the prevention and treatment measure to reduce the incidence of disdain: review. 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