**FORMULIR REKAPITULASI KEGIATAN PELAYANAN KEBIDANAN**

KOP SURAT TPMB

**Bukti Pelayanan Kebidanan**

Nama :

SIP :

Rentang : 1 Tahun

Periode : Januari-Desember 2025/Tahun 2025

|  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Pelayanan Kebidanan** | **Bulan** | | | | | | | | | | | |
| **Januari** | **Februari** | **Maret** | **April** | **Mei** | **Juni** | **Juli** | **Agustus** | **September** | **Oktober** | **November** | **Desember** |
| 1. Pemeriksaan kehamilan   < 10 kegiatan/bulan (1SKP)  >10 kegiatan/bulan (2 SKP) |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Pertolongan persalinan dan BBL   per tindakan 1 SKP |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Pemeriksaan nifas menyusui   < 10 kegiatan/bulan (1SKP)  >10 kegiatan/bulan (2 SKP) |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Pemeriksaan neonatus, bayi, balita   < 10 kegiatan/bulan (1SKP)  >10 kegiatan/bulan (2 SKP) |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Pelayanan KB AKDR/Implan   per tindakan 0,5 SKP  Pelayanan KB suntik/pil/kondom  < 10 kegiatan/bulan (1SKP)  >10 kegiatan/bulan (2 SKP) |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Pelayanan Kesehatan Reproduksi (remaja, menopause, keganasan, kekerasan)   < 10 kegiatan/bulan (1SKP)  >10 kegiatan/bulan (2 SKP) |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Pelayanan pranikah prakonsepsi termasuk catin   < 10 kegiatan/bulan (1SKP)  >10 kegiatan/bulan (2 SKP) |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Pelayanan kegawatdaruratan maternal neonatal   per tindakan 1 SKP |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Pelayanan kasus patologi dan kasus kompleks   < 10 kegiatan/bulan (1SKP)  >10 kegiatan/bulan (2 SKP) |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Pelayanan komunitas (kelas ibu, kelas bayi, posyandu, dll   < 10 kegiatan/bulan (1SKP)  >10 kegiatan/bulan (2 SKP) |  |  |  |  |  |  |  |  |  |  |  |  |