



Intranatal midwifery care of Mrs "H" with UPTD Serotonins in Cina district health center, Bone Regency

Hasnidar¹, Mustar², Sulfianti³, Ika Astika⁴

1,2,3,4 - Midwifery Academy of Bina Sehat Nusantara, Bone Regency, South Sulawesi, Indonesia

Corresponding Address: Hasnidar, Midwifery Academy of Bina Sehat Nusantara, Bone Regency, South Sulawesi, Indonesia.
Email: mustaribinasehat@gmail.com

Abstract:

On the development of community health status can be seen from the incidence of death in the community from time to time. Besides, the incidence of death can also be used as an indicator in assessing the success of health care and other health development programs. The mortality rate in general can be calculated by performing a variety of surveys and research. The aim of this study was to apply Intranatal Midwifery Care of Mrs. "H" with Serotonins in Cina district health center. Bone Regency. This study applied literature study, case studies and study documentation. To obtain the data assessment, the authors use the technique; observation, the author obtained the data by direct observation to the client. Interview, the author conducted a question and answer session with the client, family and midwives in maternity wards are related to the case at hand the client. Physical examination; authors conducted a systematic physical examination to ensure complete data acquisition from head to toe (head to toe) include: inspection, palpation, auscultation, percussion, and laboratory and other diagnostic tests and investigations. Result indicated that no difference between theory and potential problems found in the case of Mrs. "H". The potential problem, namely the potential of fetal distress or asphyxia, ie when the pregnancy is beyond the period of the function of the placenta, the fetus may result from a lack of nutrients oxygen deficiency in placental function. Between the theory and the case did not reveal any gaps. It can be conclude that the anamneses in Mrs. "H" seen from the LMP date of May 20, 2013 until the date of assessment of 16 March 2014 indicates that the pregnancy is past month. Determine the actual diagnosis is based on the assessment that: GII P0 AI, gestation 42 weeks and 6 days, the site extends, back left, the percentage of the head, BDP, Intra uterine, Single, living, state of the mother and fetus, the active phase of the first stage inpartus problem serotonins.

Key words: Midwifery, serotonins, inpartus, anamneses

Introduction:

Pregnancy usually lasts 40 weeks or 280 days counted from the first day of the last menstrual period. Gestational age at term pregnancy is between 38 to 42 weeks and this is a period where there is a normal delivery. However, about 3.4 to 14% or 10% on average pregnancy lasts up to 42 weeks or more. This figure varies from several researchers depend on the criteria that they use. Post term pregnancy mainly affect the fetus, although it is still much debated and until now there has been no disagreement. In fact post term pregnancy has an effect on the fetus until the death of the fetus. There fetus during pregnancy 42 weeks or more weight increased steadily, there is not increased, there were born weighing less than it should be, or died in utero due to lack of nutrients and oxygen. (Obstetrics. Prawirahardjo, S, .2010 case., 685-686).

The incidence of pregnancy through time is approximately 10%, varying between 3.5 to 14%. Statistics show that the infant mortality rate in pregnancy through time reaches 5-7% (Freddy Penjaitan In 2012 Page 205). Based on research data on the quality of Indonesia's population in 2007 was recorded maternal mortality rate (MMR) of 228 / 100,000 live births, in 2012 recorded maternal mortality rate (MMR) of 359 / 100,000 live Nativity. Maternal mortality is caused because the problems related to delays in taking decisions, delays in accessing health services and delay in taking action and health care facilities. Secondary data were obtained from the South Sulawesi Provincial Health Office of AKI in 2011 is 121 / 100,000 live births in 2012 is 315 / 100,000 live births and by 2013 that is 114 / 100,000 live births to cause bleeding that 59 people (51.75%), preeclampsia / eclampsia, 35

people (30.70%), infection of 8 people (7.01%) and other 12 people (10.52%). Other causes related to childbirth serotonins. (Profile-South Sulawesi Health Service accessed 17 March 2014). Based on data obtained from the District Health Bone serotonins labor incidence in the year 2011 were 100 people from 15 316 pregnant women, while in 2012 as many as 278 people from 15 316 pregnant women, while in 2013 as many as 283 people from 15 464 pregnant women. It can be said that every year the number increased incidence of birth serotonins.

While the data obtained from the Cina sub-district health center records, Bone Regency in the last three years ie in 2011 the incidence of pregnancy serotonins were 8 people from 518 pregnant women, in 2012 were 10 people out of 543 pregnant women and in 2013 were 21 people of 549 pregnant women. Based on the above background, the authors are interested to study more about pregnancy serotonins, the impact on the mother and fetus, and poured in a scientific paper titled "Midwifery Care intranatal of Mrs" H "With Serotonins in Cina district health center, Bone Regency dated March 16, 2014.

Materials and Methods

This study uses the following methods:

1. Literature study

Readers and studying books, literature, health profile and relevant data from the internet with serotonins.

2. Case studies

Author implement case studies to Mrs "H" with serotonins in this case the approach is the identification of diagnostic / actual problems, anticipating potential problems, immediate action and collaboration, midwifery care plan, implement and evaluate midwifery and midwifery care document.

3. Study Documentation

To obtain the data assessment, the authors use the technique:

a. Observation

The author obtained the data by direct observation to the client.

b. Interview

The author conducted a question and answer session with the client, family and midwives in maternity wards are related to the case at hand the client.

c. physical examination

Authors conducted a systematic physical examination to ensure complete data acquisition from head to toe (head to toe) include:

inspection, palpation, auscultation, percussion, and laboratory and other diagnostic tests.

d. Investigations.

4. Discussion

Discuss with midwives and other health professionals who deal with these cases and supervising the paper.

Results

1. Step 1 Identification Data Base

Identity Wife / Husband: Name of wife / husband: Mrs. H / Mr. S. The main complaint was abdominal pain started to show at 20.00 pm, mucus and blood came out at 21:00 pm, the nature of intermittent pain.

History Pregnancy Now;

- a. Second pregnancy and had a miscarriage
- b. HPHT dated May 20, 2013
- c. HTP dated February 27, 2014
- d. Over 9 months of gestation
- e. Fetal movement feel strong, especially on the right since the age of 4 months.
- f. Never experienced severe abdominal pain during pregnancy.
- g. Mothers get TT 2 times
 - 1) TT 1 dated 10-12 -2013
 - 2) TT 2 dated 21-01 -2013

History of health;. No history of reproductive disease, heart disease, diabetes, lung, hypertension, never suffer from a chronic illness, never consume drugs, alcohol, and cigarettes and there is no history of food allergies.

Reproductive history

Menstrual history; Menarche: 14 years, Cycle: 28-30 days, The duration of menstruation: 5-6 days and dismonerrhea: None. Then, history of Obstetrics; No pregnancy Year Points maternity Age, problem pregnancy. History Gynecology; she never suffered from ovarian cysts, tumors, etc. and mother never venereal disease. In addition, History psychosocial, economic, spiritual; Mother and husband were very happy with her pregnancy, Maternal relationship with her husband and family harmony, decision-making in the family is the husband, Always pray for his safety and the baby at birth and diligently perform the five daily prayers.

History of family planning; Never be acceptors. History fulfillment of basic needs including; Nutritional needs, Habits; Diet: 2-3 day, Type of food: rice, vegetables, side dishes, and fruits, Drink: 6-8 cups during pregnancy. Food: 1 times; Type of food: rice, vegetables, side dishes, Drink: 2-3 cups, type drink: sweet tea and water. Then, elimination of Habits; time a day, consistently solid,

yellow markings, urinate 3-4 times a day the smell of ammonia, canary, and during pregnancy: Never 1 time inpartus, personal hygiene needs.

1) Habits

- Bathroom 2 times a day
- Brush your teeth two times a day
- Change clothes 3 times a day

2) During pregnancy

- Bathroom 3 times a day
- Brush your teeth two times a day
- Change of clothes three times a day of

1. Sleep

a. Habits

- Naps: 2- 3 hours
- Night's Sleep: 6- 7 hours

2) Diving pregnant

- Naps: 3-4 hours
- Night's Sleep: 7-8 hours

physical examination

a. Appearance mother looked grimace each have His

b. awareness composmentis

c. Mom looked worried

d. Vital signs:

BP: 120/70 mmHg

S: 36.5 0 C

N: 80 x / minute

P: 20 x / minute

3. inspection

1) Face

Mother appears to wince in pain, no edema

2) Eyes

Pink conjunctiva, sclera no jaundice.

3) Nose

Symmetrical left and right, no polyps, and no tenderness

4) The mouth and teeth

Looks clean, red gums easy, no caries, lips look moist.

5) Ear

Symmetrical left and right, no serum.

6) Neck

No enlargement of the thyroid gland, lymph and jugular vein.

7) Breast

Symmetrical left and right, nipples formed, hyper pigmentation mammary areola, no lumps, no tenderness, no where in the push colostrums.

8) Abdomen

No scar, visible linea nigra and Strie albicans and slack muscle tone.

Leopold I: 3 jrbpx (33 cm)

Leopold II: Pu- KI

Leopold III: Head

Leopold IV: BDP (divergent)

9) Limbs

Left and right patellar reflex positive.

10) Examination in (VT 1) tanggal 16 March, at 18:30 pm

a) The vulva and vagina: Normal

b) portio: Soft and dissipative

c) Opening: 5 cm

d) Membranes: (+)

e) Percentage: Head

f) Impairment head: H II

g) Penumbungan: None

h) Moulase: None

i) The impression pelvis: Normal

j) Release: Mucus and blood

Step II. Identification Diagnosis / Actual Problems

G II P 0 AI, 42 Week 6 days gestation, Site elongated, left backs, Percentage head, BDP, Intra uterine, Single, Life, The state of maternal and fetal well. Inpartu active phase of the first stage with the problem serotonins.

1. G II P 0 A I

Subjective data:

Second pregnancy and had a miscarriage.

Objective data:

a. Strained abdominal muscle tone

b. Looks striae livide.

Analysis and interpretation of data

In the skin pigment deposits and hyper pigmentation are certain tools. Pigmentation is caused by the influence of Melnophore Stimulating Hormone (MSH) increased. Not infrequently encountered in the skin of the abdomen as if - if the cracks - cracks, color change that hyperaemic and bluish - bluish, called striae livide (Winkjosastro, H.2007. Page 97)

2. The gestation period is 42 weeks 6 days

Subjective data:

HPHT dated May 20, 2013

Objective data:

TP February 27, 2014

Analysis and Data interpretation

By using the formula Neagle then of HPHT May 20, 2013 until the date of assessment of 16 March 2014, the length of gestation 42 weeks 6 days. (Source: a synopsis of obstetrics, page 52).

3. Left Backs

Subjective data:

Strong fetal movement, especially the right.

Objective data:

On palpation Leopold II palpable left backs.

Analysis and interpretation of data

On palpation palpable pressure Leopold II hard as a board to the left and on the right side of the mother's abdomen palpated small part hands and legs. (Salma dkk.2006). Obstetrics Antenatal page 120).

Percentage for head

Subjective data: -

Objective data: palpation of Leopold III palpable head (round and hard).

Analysis and interpretation of data

When palpation palpable part round, hard and bouncy and easily driven indicates the percentage of fetal head. (Obstetrics Physiology 2007 Page 76).

4. BDP (Move In pelvis)

Subjective data: -

Objective data:

Palpation of Leopold IV head moves in the pelvic examination is obtained H II.

Analysis and interpretation of data

At Leopold IV the lowest part of the fetus has been unable to push and fingers already examiner cannot arrange a meeting again, it indicates the lowest part of the fetus has entered PAP, obtained head engaged in the pelvis. (Obstetrics physiology, 2007 P. 78)

5. Intra uterine

Subjective data:

Strong move fetus

Objective data:

On palpation the mother does not feel pain, when at palpation palpable fetal parts

Analysis and interpretation of data

Sign of intra-uterine pregnancy, when the fetus moves do not feel pain, palpation of Leopold palpable uterus limits that can be measured TFU 3 jrbpx and palpable limit fetal uterus. (Sarwono 2007, p 89).

6. Single

Subjective data:

The movement of the fetus on one side.

Objective data:

On palpation Leopold just felt a big part, DJJ only heard on one part.

Analysis and interpretation of data

On examination of the fetal Leopold II large part on the location of the upper abdomen palpable mother buttocks, and head to the bottom and DJJ heard clearly on the right of the mother's abdomen indicating singleton pregnancies. (Sarwono, obstetrics. 2006 case 68).

Life; Subjective data and Fetal strong move.

Objective data:

a. Fetal heart sounds clearly in the left abdomen and regularly with frequency 140 x / min

b. at the time of palpation no fetal movement

c. Uterus enlarge as gestation.

Analysis and interpretation of data

One sure sign of fetal life is the movement of the fetus can be felt at the age kehamilan 18 primigravida weeks and 16 weeks for multigravida. (Sarwono, science kebidanan.2006 case 78)

9. The state of maternal and fetal well

Subjective data:

Mothers feel fetal movement.

Objective data:

a. DjJ sounded clear and orderly, frequency 140x / min

b. vital signs within normal limits

BP: 120/70 - 130/90 mmHg

S: 36-37 ° C

N: 60-80 x / minute

Q: 16- 20 x / minute

Analysis and interpretation of data

-sign Vital -sign within normal limits no edema of the face.

-DJJ Under normal circumstances, regular heart sounds and frequencies between 120-160x / min indicates the fetus is in good condition. (Sarwono, science kebidanan.2006 72).

10. Inpartu active phase of the first stage

Subjective data:

Penetrating abdominal pain behind.

Objective data:

Looks release of mucus and blood.

Examination in (VT) dated March 16, 2014, at 18:30 pm

a. Vulva and vagina: No abnormalities

b. Portio: Soft and thick

c. Opening: 5 cm

d. Amniotic: (+)

e. Percentage: Head small fontanelle left front

f. Decreased head: H II

g. Penumbungan: None

h. Moulase: None

i. Pelvic impression: Normal

j. Waiver: The mucus and blood.

Analysis and interpretation of data

At the time of pregnancy increased cervical mucus thicker, so that when stretched contractions and interested. Capillary blood vessels ruptured cervix and cervical mucus will come out through the vagina with blood. Pain caused by anoxia of muscle cells contraction time due to pressure from the cervical ganglion fleksus frankenhauser resulting contraction. (Obstetrics 2007 case 181).

2. Problem of Serotonins

Subjective data:

HPHT dated May 20, 2013
Gestational age 9 months

Objective data:

TP dated February 27, 2014

Analysis and interpretation of data of LMP date until May 20, 2014, aged 42 weeks and 6 days of pregnancy. Post mature pregnancy is a pregnancy that lasts longer than 42 weeks based formula Neagle. (Sinopsi obstetric 2004, page 52).

Step III. Identification Diagnosis / Potential Problems

Potential for fetal distress or asphyxia.

Step IV. Emergency Measures And Collaboration

Collaboration with physicians regarding the handling of serotonin

Step V. Midwifery Care Action Plan

Purpose

1. For the first stage of an active phase of normal
2. The mother can give birth normally
3. The condition of the mother and fetus stay healthy
4. fetal distress with criteria:
 - a. The mother gave birth to her baby in the normal state
 - b. Vital signs are within normal limits
BP: 100/70 - 130/90 mmHg
S: 36-37 ° C
N: 60-80 x / minute
P: 16-24 x / minute
 - c. FHR: 120-160 x / minute
 - d. Babies born 3100 grams norms

Action Plan

1. Advise the mother to wash the feet and pee before getting into bed. Rational: Maintain personal hygiene mother and give a sense of comfort.
2. Teach relaxation techniques, namely a deep breath and blow through her mouth if it arises. Rational: Relaxation techniques is one way to reduce the pain by providing sufficient oxygen supply network.
3. Encourage the mother to choose a position tilted to one side.
Rational: Can improve the oxygenation of the fetus, because sleep on their side to prevent suppression inferior vena cava by the enlarged uterus and can also reduce the blood supply to the heart and will affect the output of the fetus.
4. Give the nutritional intake and adequate fluid. Rationale: With adequate intake of energy for the body's members in order to facilitate the process of childbirth

5. Collaboration with physicians for infusion
Rational: Attached RL infusion fluids that nutrition in patients can be met.

6. Suggest urinate every 2 hours.
Rational: Blast full examination inaccurate causing the slow decline in the fetal head into the birth canal and also gives an uncomfortable feeling in the mother.

7. Observation and His fetal heart rate every 30 minutes.

Rationale: Monitoring the heartbeat for identifying fetal condition during labor, can determine the next action in case of fetal distress.

8. Observation of vital signs every 4 hours (pulse every 30 minutes).

Rational: Monitoring of vital signs to know the state of the mother.

9. Observations and perform the checks in every 4 hours or <4 hours indicated.

Rational: Monitor to monitor the progress of labor or decrease the head as well as the opening

10. Monitoring documentation results of the first stage in partographs

Rational: Monitoring with partographs is standardization in the implementation of midwifery care and help assess the progress of labor, or the opening of the state of the mother and fetus.

Step VI. Implementation of Midwifery Care

1. Advise the mother to wash the feet and urinate before going to bed.

Results: Mothers carry out what is recommended by midwives.

2. Teach relaxation techniques that deep breath and blow through His mouth if it arises. Results: Mothers carry out what is recommended by midwives.

3. Advise the mother choose a position tilted to one side.

Results: Mothers choose side to the left.

4. Provide nutritional intake and adequate fluid, namely water and milk.

Result: 19:45 pm. a. Drinking Time of mother's milk ultra 200 cc. b. 20:30 pm mothers eat rice ½ plate. c. hours 20:35 pm maternal drinking water to 250 cc

5. Collaborate with physicians for mounting inpus. Results: 19.55 o'clock pm Infusion installed with RL liquid and drip oxytosin 1/2 ampoule. 8 drops / minute (every 30 minutes plus 4 drops)

6. Advise urinate every 2 hours
Result: 19:45 o'clock pm mother BAK ± 100 cc

7. Observe and His fetal heart rate every 30 minutes. results : a. 18.30 pm: 130 x / minute duration of 30-35 seconds. b. 19.00wita hours: 135 x / minute

duration of 30-35 seconds. c. 19:30 pm: 140 x / minute duration of 30-40 seconds

8. Observe vital signs (pulse exception of 30 minutes)

Results: BP: 120/70 mmHg ; S: 36.5 0 C, N: 80 x / mnt and P: 20 x / mnt

9. Perform examination (VT) on March 18, at 22:10 pm

a. Vulva and vagina: No abnormalities

b. Portio: It dissipative

c. Opening : 10 cm

d. Fetal membrane: negative, greenish, the amount of \pm 120 cc

e. Percentage: Head small fontanelle under symphysis

f. Moulase: None

g. Penumbangan: (-)

h. decrease in head: H IV

i. Pelvis impressive: Normal

j. Exhaustive : Blood and amniotic fluid

10. Perform documentation of monitoring results of the first stage in partographs.

Results: In the monitoring alert partographs not cross the line.

Step VII. Evaluation of care

1. Stage I normally take place characterized by
a. His adequately 5 times in 10 minutes, 45 seconds

b. Fetal heart rate was clear and strong. Fetal heart rate 140 times / min regularly.

c. Contractions that occur with pressure pushing mothers instinctively took place is a sign of the second stage.

2. Signs - vital signs within normal limits
BP: 120/70 mmHg, S: 36.5 0 C, N: 80 x / mnt and P: 20 x / mnt.

Discussion

Step I Identification Data Base

Assessment begins with the collection of data through anamneses which includes the identity of the client, the data of biological / psychological and spiritual Data client based on the assessment format that has been available and has been developed in accordance with the conditions found on the client, then perform a physical examination that includes inspection, palpation, auscultation and percussion as well as laboratory and diagnostic tests further.

In the study the authors did not find any difficulty because the client and family can work equally well

during the anamnesis and physical examination. By him that the theory in the literature review and case outline appears the equation / no gaps.

Step II. Identification Diagnosis / Actual Problems

In theory serotonins said if found to exceed the pregnancy of 42 weeks has not happened labor and LMP calculation according to the formula Neagle. In the case of Ny. H actual diagnosis formulated as follows GII P 0 AI, pregnancy 42 weeks 6 days, elongated layout, back left, the percentage of the head, and fall head H II / BDP, intrauterine, single, living, state of maternal and fetal well, inpartu first stage active phase with serotonins problem. So that explained the theory and case Mrs. "H" there are similarities / no gaps.

Step III. Identification Diagnosis / Potential Problems

Based on data obtained from the study there was no difference between theory and potential problems found in the case of Mrs. "H". The potential problem, namely the potential of fetal distress or asphyxia, ie when the pregnancy is beyond the period of the function of the placenta, the fetus may result from a lack of nutrients oxygen deficiency in placental function. Between the theory and the case did not reveal any gaps

Step IV. Emergency action and Collaboration

In theory when the cervix is ripe done no labor induction of fetal origin, if the fetus is > 4000 g do Caesarean section. While in the case of Mrs. "H" measures provided in accordance with the state of the client such as bleeding, fetal distress and physician instructions, namely the provision of intravenous fluids and drips oxytosin RL ½ ampoule, started 8 drops and every 30 minutes plus 4 drops to a trickle maximum of 40 drops. In this case, there are no significant gaps between literature review with case Mrs. "H".

V. Step Action Plan Midwifery Care

In intranatal nursery care concept by Helen Varney that the plan of action must be approved by the client, therefore, must first be discussed with the client about all the measures taken must be based on rational relevant and recognized the truth and circumstances of the action must be analyzed theoretically. In the case of Mrs. "H" author intranatal midwifery care action plan based on the diagnosis / actual and potential problems and based on the needs of the client. From the above there is no gap between the application of the literature review conducted in land care practices.

Step VI. Management Actions Midwifery Care

In accordance with the concept of midwifery in Helen Varney that the overall management can be

done by a midwife or collaboration with other health team and midwives should be responsible for direct action or action of consultation and collaboration. During the implementation phase of midwifery care in Mrs. "H" the authors carry out in accordance with the plans and all actions taken oriented to the needs of the client to achieve the set goals, the achievement of goals supported by cooperative clients in receiving advice and action. So between the literature and case Mrs" H " not found the gap.

Step VII. Evaluation of Midwifery Care

In the evaluation is the last step of the process of finding problems or gaps between theory and practice in evaluating any actions taken in Mrs. "H", there are no gaps.

Conclusion

After studying the theories and experiences directly from the fields of practice through case studies, as well as comparing the theory and practice of case serotonins, the authors conclude as follows:

1. From the data obtained from the anamneses in Mrs. "H" seen from the LMP date of May 20, 2013 until the date of assessment of 16 March 2014 indicates that the pregnancy is past month.
2. Determine the actual diagnosis is based on the assessment that: GII PO AI, gestation 42 weeks and 6 days, the site extends, back left, the percentage of the head, BDP, Intra uterine, Single, living, state of the mother and fetus, the active phase of the first stage inpartus problem serotonins .
3. Base on the determination of potential diagnoses that formulated the problem of fetal distress.
4. In accordance with signs or symptoms of the patient's condition in doing collaborative action / emergency for handling deliveries serotonins.
5. All actions are planned to address the case.
6. All the action plan has been implemented according to the conditions Mother.
7. The objective has been achieved based on the results of evaluations that have been conducted.

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