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PHYSIOLOGICAL PREGNANCY CARE MENAGEMENT at THE SEHATI HUSADA CLINIC IN 2025

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ABSTRACT

Labor is a natural process that every pregnant mother goes through to deliver her baby. During this process, there is stretching and widening of the mouth of the uterus due to contractions of the uterine muscles that push the baby out. Most mothers who undergo labor will feel uncomfortable due to the pain that arises during the process. Excessive pain can affect the smoothness of labor. This pain is generally caused by uterine contractions, cervical dilation, and psychological factors such as anxiety and fear of facing labor. Deep breath relaxation technique is a method that involves regulating the breath by inhaling air slowly, holding it for a moment, then exhaling slowly. This technique aims to help the body and mind become more relaxed. Deep breathing exercises not only serve to clear the mother's lungs, but also support the return of venous blood to the heart, thereby improving circulation so that the pain felt becomes more reduced. Maternal mortality rate (MMR) is one of the main indicators in assessing the success of the health sector. Maternal deaths can be categorized by cause into direct and indirect deaths. Direct maternal deaths occur due to complications that arise during pregnancy, childbirth, or the postpartum period, as well as due to non-optimal handling of these complications. In an effort to improve the degree of public health, one of the targeted indicators is the reduction of maternal mortality, from 359 per 100,000 live births based on 2012 IDHS data, to 306 per 100,000 live births in 2019 (Ministry of Health, 2019). In accordance with the Permenkes RI in the SDGs program, the national health system targets 2030. The existence of a mother has an important role in creating a prosperous family, so the loss of a mother can be a heavy blow to the family. The impact of this event is not only felt emotionally, but also affects social and economic aspects, both for families, communities, and the world of work.

Keywords: Deep Breath Relaxation, Labor Pain, Maternal Health, MMR, Pregnancy Anemia

Introduction

Normal Labor Care is the process of handling the expulsion of the fetus, placenta and amniotic membrane from the mouth of the uterus (Sinaga et al., 2024) . In this care, labor is allowed to take place naturally by relying on the mother's own body strength. The goal is for the labor process to run smoothly without causing complications, so that both mother and baby remain in good health. Persalinan is a natural process in which a baby who has reached the age of full term is born from the mother's womb, followed by the

discharge of the placenta and fetal membranes (Damayanti, 2022). In obstetrics, there are several types of childbirth, such as spontaneous labor, artificial labor, and induced labor. Spontaneous labor occurs when the baby is born naturally through the birth canal by relying on the mother's own strength. Normal labor care is the process of providing safe care for the motherand hygienic during labor until after the baby is born. This approach aims to prevent complications such as postpartum hemorrhage, hypothermia, and asphyxia in newborns (Cunningham, F. G.; Leveno, K. J.; Bloom, S. L.; Dashe, J. S.; Hoffman, B. L.; Casey, B. M.; Spong, 2022).

Labor is a natural process that involves the opening and thinning of the cervix, followed by the descent of the fetus into the birth canal until it is finally born (Farley, J.; Fry, J.; Healy, M.; Agwu Kalu, 2025). This process includes the expulsion of a baby who has reached full term or almost full term and is able to survive outside the womb, and is followed by the release of the placenta and fetal membranes, either through the birth canal or other procedures, with or without assistance.Labor is categorized as normal if it occurs at a minimum gestational age of 37 weeks without any complications (World Health Organization, 2023b).

Labor is a physiological process that naturally causes severe pain, which can even be felt as very intense pain (Colak, M. B.; Akin, B.; Kalkan, 2025). This condition has the potential to trigger a physiological response that can reduce the effectiveness of uterine contractions, resulting in a longer duration of laborNormal labor is the final process of pregnancy that occurs at between 37 to 42 weeks of gestation. Although the duration of pregnancy generally reaches around 280 days from the first day of the last menstrual period.

According to data from the World Health Organization (WHO), about 99% of maternal deaths that occur during labor or birth are caused by a lack of knowledge about the causes and management of childbirth complications (World Health Organization, 2023a). Based on the report, the maternal mortality rate (MMR) was recorded at 211 per 100,000 live births, with the number of births through normal labor reaching 117 million cases (Ulya, 2021). Of these, around 26 million cases experienced complications during labor. In addition, the presence anddukungan suami during labor has an important role in reducing anxiety and stress felt by the mother (Nations, 2024). Emotional support from the husband can help calm the mother, so that the labor process can be lived more comfortably and avoid depression (International Confederation of Midwives, 2021). The purpose of this discussion is to reduce pain in mothers during labor or delivery.

The role of the birth attendant in this case is to anticipate discomfort and deal with complications that may occur in the mother and fetus (RI, 2022). The process depends on the skill ability and readiness of the helper in facing the labor process. Two theories are put forward to explain why there are more head positions than other positions, namely:

Teori accommodation: the shape of the rhim allows the buttocks and extremities that are large in volume to be on top, while the head is on the bottom occupying a narrower space (Situmorang. Friza Novita., 2024).

Theory of gravity: due to relative size and weight, the head will descend downward. Due to strong, regular and frequent suction the fetal head descends into the upper door of the pelvis (engagement). Because it adjusts to the birth canal, the head bends more (maximum

flexion) so that the circumference of the head enters the pelvis with a small size, namely the suboccipito-bregmatic diameter = 9.5 cm, and the suboccipito-bregmatic Circumference (Ni'Matul Ulya's Midwifery and Breastfeeding Handbook, 2021).

Birth of the head by extension This method of birth is for the head with a posterior occiput position. This process occurs due to the resistance force of the pelvic floor, where the force forms the carus arch, which is the most important part of the birth process

irecting the head upwards towards the vulval canal.

a. In normal labor mechanism is divided into several stages of fetal head movement in the pelvic floor followed by with the birth of all the baby's limbs (Ari Sulistyawati, 2011).
b. Head descent occurs during labor due to the thrust of effective uterine contractions, position, and the strength of the patient.
c. Locking (engagement) The stage of decline when the biparietal diameter of the fetal head has passed through the patient's pelvic entrance.
d. Flexion In the process of entering the fetal head into the pelvis, flexion becomes very important because with flexion the smallest diameter of the fetal head can move through the pelvis and continue towards the pelvic floor. When the head meets the pelvic floor, the resistance will increase the flexion to be greater which is very necessary so that when it arrives at the pelvic floor the head of the fetus can move through the pelvis and continue towards the pelvic floor.
e. The fetus is already in a state of external flexion. Internal rotation of the fetal head The internal rotation of the fetal head will make the anteroposterior (longer) diameter of the head adjust.
f. Restitution Restitution is the rotation of the head by 45 degrees either to the right or to the left, depending on the direction in which it follows the rotation towards the anterior occiput position.
g. External axis rotation This rotation occurs simultaneously with the internal rotation of the shoulders. By the time the fetal head reaches the pelvic floor.

The birth of the shoulder and the rest of the baby's limbs The posterior shoulder will bemengembungkan h. perineum and then born by lateral flexion.

Research Method

This study used a qualitative descriptive case study approach with a focus on exploring the process and meaning behind nursing interventions. Data collection involved direct observation, patient interviews, and medical record reviews. The research was conducted at The Sehati Husada Clinic. The nursing process was carried out through the stages of assessment, diagnosis, planning, implementation, and evaluation.

Discussion

Normal Labor Care is a comprehensive midwifery process focused on handling the expulsion of the fetus, placenta, and amniotic membranes from the uterus. This care is designed to allow labor to proceed naturally by relying on the mother's physiological strength, ensuring a smooth transition that maintains the health of both mother and baby while preventing

complications. The success of this process is influenced by several critical factors, primarily "Power," which involves the rhythmic and involuntary contractions of the uterine smooth muscle (His). Each contraction follows a repetitive pattern consisting of the increment phase (intensity buildup), acme (peak), and decrement (relaxation). Additionally, the "Passage" (state of the birth canal) and the "Passager" (the fetus, specifically the fetal head) are decisive factors in determining the course of labor.

The labor process progresses through four distinct stages. Stage I, or the dilation stage, lasts from 0 cm to complete opening (10 cm). It is divided into a latent phase, where the cervix progresses slowly to 3 cm, and an active phase which includes acceleration, maximal dilatation, and deceleration subphases. Stage II, known as the expulsion period, is characterized by strong, coordinated contractions occurring every 2-3 minutes, leading to the descent of the fetal head and a reflexive urge to strain. During this phase, the midwife monitors for clinical signs such as the protrusion of the perineum and the opening of the vulva. Stage III begins after the baby is born and ends with the full delivery of the placenta, typically lasting about 10 minutes. Finally, Stage IV involves critical monitoring for two hours postpartum to observe the mother's vital signs and uterine contractions to prevent postpartum hemorrhage.

In the case of Mrs. M, midwifery care management was implemented using Varney's systematic approach. The process began with an assessment on September 26, 2024, revealing that the 27-year-old patient was in her second pregnancy at 40 weeks gestation. Clinical findings showed a stable condition with blood pressure at 110/80 mmHg and a fetal heart rate of 130 bpm. Midwifery interventions throughout the stages of labor focused on both physical and emotional needs. During Stage I, the midwife provided emotional support by encouraging family accompaniment, suggesting comfortable positions, and ensuring adequate nutrition and hydration.

As labor advanced to Stage II, care included maintaining hygiene through vulva cleaning and performing internal examinations to confirm full dilation. For Stage III, active management was conducted by administering an oxytocin injection within one minute of birth and performing controlled umbilical cord tension (PTT). In the final stage, Stage IV, the midwife monitored vital signs and uterine stability every 15 minutes during the first hour and every 30 minutes during the second hour to detect any early complications. The successful birth was facilitated by the fetal head's ability to adapt to the birth canal through maximum flexion, entering the pelvis with a small suboccipito-bregmatic diameter of 9.5 cm. This structured management ensures that the birth attendant is ready to anticipate and handle any complications, ultimately supporting the safety of the mother and newborn.

Conclusion and Suggestion

The process of childbirth is a natural yet painful experience for most women. If not properly managed, excessive labor pain can cause physiological and psychological distress, prolong labor duration, and increase the risk of complications for both mother and baby. Various non-pharmacological methods, especially deep breathing relaxation techniques, have been proven effective in reducing pain and increasing maternal comfort during labor. Emotional support from the husband and health workers also plays a significant role in reducing maternal anxiety, thus helping ensure a smooth delivery process.

Through proper midwifery care management including physical assessments, emotional support, positioning, nutritional support, and close monitoring midwives can anticipate complications, enhance maternal comfort, and reduce labor-related pain. The case of Mrs. M demonstrates that thorough assessment and timely interventions lead to positive maternal and neonatal outcomes. Therefore, continuous education and skill development for midwives are essential to improve labor care services and support the achievement of national health goals, including reducing the maternal mortality rate.

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