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**CONTINUITY OF CARE WITH THE BREAST MILK DAM ON NY. W  
INDEPENDENT PRACTICE MIDWIFE PERA TUNTUNGAN  
SUB-DISTRICT MEDAN CITY NORTH SUMATRA  
PROVINCE YEAR 2025**

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**ABSTRACT**

Continuous health development is essential to improving public health and achieving the Sustainable Development Goals (SDGs) by 2030. The national target aims to reduce the Maternal Mortality Rate (MMR) to 70 per 100,000 live births and the Infant Mortality Rate (IMR) to 12 per 1,000 live births. This study employed a descriptive observational method with a comprehensive midwifery care approach, specifically Continuity of Care (CoC), for Mrs. W. The management followed Varney's seven-step process and utilized SOAP documentation to systematically track pregnancy, labor, postpartum, newborn, and family planning stages. Midwifery management was successfully implemented across the continuum of care. The results showed that physiological processes were maintained, and theoretical gaps were identified and addressed through clinical practice. The continuity of care provided to Mrs. W was conducted in accordance with midwifery service standards. During pregnancy, the patient remained compliant and complication-free. Labor proceeded normally, and postpartum issues, such as breast milk engorgement, were effectively resolved through breast care and education. Newborn care followed physiological norms, and the patient opted for the Lactational Amenorrhea Method (MAL) for family planning after receiving adequate counseling. Overall, the midwifery care met professional standards, showing no significant gaps between theory and practice, thereby supporting the reduction of maternal and infant risks.

**Keywords:** Continuity of Care, Comprehensive Midwifery Care, Labor Pain Management, Maternal and Infant Health, Deep Breath Relaxation

**Introduction**

Health development that is carried out continuously can improve the degree of public health, where the goal of health development with the performance of the health system has been shown by improving health status, namely being able to reduce the Maternal Mortality Rate (AKI) and the Infant Mortality Rate (AKB)

has not improved as expected, even though the Sustainable Development Goals (SDGS) are efforts to reduce both the Maternal Mortality Rate and the Infant Mortality Rate (Kementerian Kesehatan RI, 2021). As the Sustainable Development Goals (SDGS) target for 2030, namely AKI reaches 70 per 100,000 live births and AKB

reaches 12 per 1,000 live births (Ulinda *et al.*, 2024).

Holistic midwifery care management, such as Continuity of Care (COC), is an important approach in reducing AKI and AKB. COC covers integrated services ranging from pregnancy, childbirth, postpartum and newborns, to family planning (Ningsih, Nikmah and Mothoharoh, 2018). However, a preliminary survey at the BMB Pera Clinic, Medan Tuntungan, shows that there are still many pregnant women who do not follow the visiting standards set by the Ministry of Health. In October 2024, only 15 pregnant women will make Antenatal Care (ANC) visits, while the number of maternity, postpartum mothers, and newborns is also only 7 people each.

The occurrence of a Breast Milk Dam is often caused by inadequate breastfeeding frequency, incorrect latching techniques, or the delay in starting breastfeeding. If not managed properly through continuous monitoring and education, this condition can progress to more severe complications such as mastitis or breast abscesses. These complications not only cause physical pain and psychological stress for the mother but also hinder the infant's nutritional intake, which can indirectly impact the infant's growth and health status. Therefore, the role of a midwife in providing COC is vital to ensure that mothers are educated on breast care and proper breastfeeding techniques from the late stages of pregnancy through the early postpartum days.

This study aims to evaluate the implementation of COC-based midwifery care management at BMB Pera Clinic and its impact on the reduction of AKI and AKB. It is hoped that the results of this study can provide strategic

recommendations to improve the quality of maternal and child health services at the clinic and health center levels.

### Research Method

This study uses a descriptive observation method with a comprehensive midwifery care approach on Mrs. W. This design was chosen to systematically and planned all stages of management of continuous midwifery care or *Continuity of Care* (COC). This research refers to the seven steps of the midwifery management process according to Helen Varney and uses the SOAP format in documentation (Sugiyono, no date)

### Results

Mrs. W, 25 years old, with obstetric status G2P1A0 and a gestational age of 34 weeks, showed good adherence to antenatal visits. He conducted examinations more than six times, in accordance with the recommendations of the Ministry of Health of the Republic of Indonesia (Indonesian Ministry of Health, no date). Complaints of low back pain felt by mothers are physiological due to anatomical and hormonal changes during pregnancy. Measurements of the height of the uterine fundus (TFU) of 32 cm, single palpable fetal position, head presentation, and fetal heart rate (DJJ) of 140 times/minute indicate normal pregnancy conditions. The administration of 90 iron (Fe) tablets, calcium intake of 1000 mg, and folic acid of 400 mcg per day has been done well. However, there are gaps in the implementation of TT immunization and hemoglobin testing that are not carried out, despite the fact that education on the importance of these procedures has been provided (Walyani, 2020).

On December 21, 2024, Mrs. W came with complaints of low back pain and mucus discharge mixed with blood, which is an early sign of labor. An internal examination shows a complete opening of the cervix, so that preparations for delivery are carried out immediately. The delivery process took place according to the theory, with a duration of about 30 minutes. Phase III lasted less than 30 minutes without complications, and phase IV was observed for 2 hours postpartum. Early breastfeeding initiation (IMD) is carried out as soon as the baby is born, in accordance with WHO recommendations. However, there is a slight discrepancy in the completeness of personal protective equipment (PPE) used by health workers, indicating a gap between theory and practice (Ningsih, Nikmah and Mothoharoh, 2018).

The postpartum period begins two hours after the removal of the placenta and lasts until six weeks postpartum. Mrs. W had a good uterine involution, with the height of the uterine fundus two fingers below the center and the production of lochia rubra in normal amounts. Complaints of not having defecate are still within reasonable limits. Education on self-care, nutritional needs, breastfeeding, family planning, immunization, and newborn care has been provided. On the second visit, Mrs. W experienced breast milk, which was well handled through the breascare technique, including education on proper breastfeeding techniques, oxytocin massage, and support from the family (Putri, 2024).

Mrs. W's baby was born at 42 weeks gestation with normal conditions, with no congenital abnormalities, signs of prematurity, or symptoms of serotinus. The care provided includes maintaining the baby's body warmth, direct skin contact

between mother and baby, IMD, umbilical cord care, and providing education to parents about the danger signs in newborns. The baby has also received medical interventions in the form of vitamin K injections, eye ointment, and hepatitis B0 immunization. No gaps were found between theory and practice in newborn care (N Manjorang, A Hidayat, 2024). Most of the midwifery care practices provided to Mrs. W have been in accordance with the theory and standards of midwifery services. However, there are several gaps, especially in the implementation of TT immunization, hemoglobin examination, PPE completeness, and handling of breastfeeding dams. This shows the need for a better approach in providing education to pregnant women and health workers to better understand the importance of each procedure in antenatal examination, childbirth, postpartum, newborn care, and contraception.

### Conclusion

The continuity of care provided to Mrs. W, aged 25 years, starting from the third trimester of pregnancy, childbirth, postpartum period, newborn care, to family planning, has been carried out properly and in accordance with midwifery service standards. The process of data assessment, problem identification, prioritization, and planning, implementation, and evaluation of care is carried out systematically and thoroughly (Silaban Novita Andriani Br; Yun, Debby Chintya; Siregar, Erin Padilla; Pratiwi, Mutia; Sihombing, Sri Nengsih, 2025).

During pregnancy, Mrs. W showed compliance in conducting antenatal visits and did not experience significant complications. Childbirth took place normally without complications, and the

postpartum period of complaints of mothers who experienced milk dams had been resolved by handling breascare and providing education to mothers. and newborn care also runs according to normal physiological conditions. At the family planning stage, Mrs. W chose the natural contraceptive method (MAL) after being given adequate information. Overall, the midwifery care provided has met the standards and no gaps were found between theory and practice.

### Suggestion

Based on the above conclusions, it is recommended that health institutions and health workers, especially midwives, continue to improve the implementation of midwifery care management in a sustainable manner. The application of this model has proven to be effective in detecting early maternal and infant health problems and improving the quality of services. Maternity clinics are expected to strengthen maternal and child health services with a more comprehensive and sustainable approach. For the midwifery profession, it is important to keep updating knowledge and skills in providing holistic and evidence-based midwifery care. In addition, education to clients and the public about the importance of routine check-ups and understanding of the danger signs during pregnancy, childbirth, postpartum and newborn care needs to be improved to support early detection and prevention of complications.

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