



CONTINUOUS MIDWIFERY CARE IN A CASE OF GESTATIONAL HYPERTENSION AT PMB DEBY CYNTIA YUN, MEDAN CITY, NORTH SUMATRA

Rismauli Nainggolan¹, Herna Rinayanti Manurung², siti nurmawan sinaga³, Jusmarlius⁴, Dewi Muarrofa⁵, Savira Sahla⁶, Lista Mila Sari⁷

1,2,3,4,5,6,7Sekolah Tinggi Ilmu Kesehatan Mitra Husada Medan

2219401031@mitrahusada.ac.id, hernarinayanti@mitrahusada.ac.id,
sitinurmawan@mitrahusada.ac.id, 2319201863@mitrahusada.ac.id, 2319401026@mitrahusada.ac.id,
2419401026@mitrahusada.ac.id 2419201344@mitrahusada.ac.id

ABSTRACT

Hypertension in pregnancy is one of the leading causes of maternal mortality in Indonesia and remains a major public health problem (World Health Organization [WHO], 2023; Kementerian Kesehatan Republik Indonesia [Kemenkes RI], 2023). Inadequate management of gestational hypertension increases the risk of obstetric complications during pregnancy and childbirth (Prawirohardjo, 2020). The Continuity of Care (COC) approach is an effective strategy to prevent complications through comprehensive and continuous midwifery care (Varney et al., 2015). This study aims to describe the implementation of continuous midwifery care for Mrs. R with gestational hypertension at PMB Deby Cyntia Yun, Medan Amplas District, North Sumatra. This study used a descriptive case study design with a COC approach covering pregnancy, childbirth, postpartum, newborn care, and family planning, using Varney's management framework and SOAP documentation (Varney et al., 2015). The results showed that Mrs. R experienced gestational hypertension starting at 32 weeks of gestation. Interventions included routine blood pressure monitoring, nutritional counseling, activity regulation, fetal well-being monitoring, and collaborative management when necessary (Prasetyowati, 2022). Labor occurred spontaneously without complications, while the postpartum period and neonatal condition progressed physiologically (Manuaba, 2019). Mrs. R chose a three-month injectable contraceptive method during the family planning phase (Kemenkes RI, 2022). In conclusion, the COC approach improves early detection of complications, strengthens health education, and supports safe decision-making from pregnancy through the postpartum period (Varney et al., 2015).

Keywords: Gestational Hypertension, Continuity Of Care, Midwifery Care, Pregnancy

Introduction

Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) remain significant indicators of public health challenges in Indonesia. One of the major contributors to maternal mortality is hypertension in pregnancy, particularly gestational hypertension, (Organization, 2023). Gestational hypertension is defined as elevated blood pressure occurring after 20 weeks of gestation without proteinuria

and typically resolves after childbirth (Prawirohardjo, 2020).

If not properly managed, gestational hypertension may progress to preeclampsia or eclampsia, which can endanger both maternal and fetal health, (Manuaba, 2019). According to WHO data, cases of hypertensive disorders in pregnancy increased globally between 2022 and 2023 (Organization, 2023). In Indonesia, hypertension in pregnancy remains one of



the leading causes of maternal death, including in North Sumatra Province, (Kementerian Kesehatan Republik Indonesia, 2023).

Evidence-based practice emphasizes early detection, routine blood pressure monitoring, and continuous care as key strategies in managing gestational hypertension (Prasetyowati, 2022). One effective model is Continuity of Care (COC), which provides comprehensive and sustained care from pregnancy through childbirth, postpartum, newborn care, and family planning (Varney, Kriebs and Gegor, 2015).

The implementation (Organization, 2023) of COC aligns with Law Number 4 of 2019 concerning Midwifery, which authorizes midwives to manage physiological pregnancies and mild to moderate complications, including gestational hypertension (Kementerian Kesehatan Republik Indonesia, 2022). Therefore, this study aims to describe the application of continuous midwifery care in a pregnant woman with gestational hypertension as an effort to reduce maternal and neonatal complications.

Research Method

This study employed a descriptive case study design using a Continuity of Care approach to provide an in-depth description of comprehensive midwifery care (Varney, Kriebs and Gegor, 2015). The study focused on continuous care from pregnancy, childbirth, postpartum, newborn care, and family planning in a woman with gestational hypertension.

The research subject was Mrs. R, a 31-year-old multigravida (G3P2A0) who experienced gestational hypertension and received midwifery services at PMB Deby Cyntia Yun, Medan Amplas District, North Sumatra. Data collection techniques

included direct observation, structured interviews, documentation review, and physical examinations conducted periodically (Varney, Kriebs and Gegor, 2015).

All data were recorded using the SOAP format in accordance with Helen Varney's midwifery management standards (Varney et al., 2015). Data analysis was performed descriptively by comparing clinical findings with relevant theories and national midwifery care standards (Manuaba, 2019).

Results

Mrs. R was diagnosed with gestational hypertension at 32 weeks of gestation, with an initial blood pressure of 150/100 mmHg without proteinuria (Prawirohardjo, 2020). Continuous midwifery care was provided throughout pregnancy, labor, postpartum, newborn care, and family planning (Varney, Kriebs and Gegor, 2015).

During pregnancy, the mother received education on a low-salt diet, adequate rest, and routine blood pressure monitoring to prevent complications (Prasetyowati, 2022). Labor occurred spontaneously with a normal delivery process, resulting in a newborn weighing 3,100 grams and measuring 49 cm, with an APGAR score of 8–9 (Manuaba, 2019).

Postpartum observation showed normal uterine involution and no signs of infection or hemorrhage (Manuaba, 2019). The newborn was healthy and received standard neonatal care. During the family planning phase, Mrs. R selected a three-month injectable contraceptive method after receiving appropriate counseling (Kementerian Kesehatan Republik Indonesia, 2022).

Discussion

Gestational hypertension in Mrs. R occurred after 20 weeks of gestation, consistent with established clinical criteria (Prawirohardjo, 2020). Identified risk factors included advanced gestational age and a history of hypertension in previous pregnancies, which are known contributors to hypertensive disorders in pregnancy (Isnoviliana, Simanullang and Manullang, 2024).

Continuous monitoring and early intervention during pregnancy successfully prevented the progression to severe complications such as preeclampsia (Prasetyowati, 2022). The normal labor outcome supports evidence that adequate antenatal management reduces obstetric intervention and complications (Junaidi and Amni, 2024).

Postpartum and neonatal outcomes were physiological, emphasizing the importance of continuous monitoring in mothers with a history of gestational hypertension (Manuaba, 2019). The choice of injectable contraception aligns with national recommendations for breastfeeding mothers without severe complications (Kementerian Kesehatan Republik Indonesia, 2022).

Analysis of Gestational Hypertension Management

The clinical findings in the case of Mrs. R, a 31-year-old multigravida (G3P2A0), align with the established definition of gestational hypertension, characterized by a blood pressure of 150/100 mmHg after 20 weeks of gestation without the presence of proteinuria. This condition remains a critical focus in global and national health due to its contribution to maternal mortality. In this case, the identification of advanced gestational age and a history of hypertension in previous pregnancies served as vital risk factors that

necessitated vigilant monitoring (Melisa Elisabeth Sinaga, Mesrida Simarmata and Srininta Srininta, 2025). Effective management during the antenatal period is paramount, as unmanaged gestational hypertension significantly increases the risk of progression toward life-threatening conditions such as preeclampsia or eclampsia (Simanjuntak and Manurung, 2024).

The Efficacy of the Continuity of Care (COC) Approach

The implementation of the Continuity of Care (COC) approach in Mrs. R's case proved to be an effective strategy for mitigating obstetric complications. By providing comprehensive and sustained care—covering pregnancy, childbirth, postpartum, and newborn care—the midwife was able to facilitate early risk detection and promote safe clinical decision-making. This model aligns with Indonesian law (Law Number 4 of 2019), which empowers midwives to manage physiological pregnancies and address mild to moderate complications independently (Hondro *et al.*, 2022). The use of Helen Varney's management framework and SOAP documentation ensured that every intervention was structured, evidence-based, and consistently monitored (Sudarsan *et al.*, 2021).

Clinical Interventions and Patient Outcomes

During the pregnancy phase, interventions focused on a holistic approach including routine blood pressure monitoring, fetal well-being checks, and activity regulation. Nutritional counseling, specifically the recommendation of a low-salt diet, played a crucial role in managing Mrs. R's blood pressure levels. These non-pharmacological efforts are essential



components of self-care behavior that improve the quality of life for hypertensive pregnant women (Iancu *et al.*, 2020). The outcome of the labor process—a spontaneous delivery without complications—reinforces the theory that adequate antenatal management reduces the need for aggressive obstetric interventions. The newborn's health status, indicated by an APGAR score of 8–9 and a weight of 3,100 grams, further demonstrates that continuous care directly supports neonatal safety.

Postpartum Care and Family Planning The postpartum period for Mrs. R progressed physiologically, with normal uterine involution and an absence of infection or hemorrhage. This highlights the importance of continued monitoring even after delivery, as mothers with a history of gestational hypertension remain at risk during the recovery phase (Simanullang, 2019). In the family planning phase, the selection of a three-month injectable contraceptive method was appropriate, as it aligns with national recommendations for breastfeeding mothers who do not present with severe complications (Rajalakshmi *et al.*, 2024)

Conclusion

The success of this case study emphasizes that early detection through routine monitoring is the cornerstone of hypertensive management in pregnancy. By integrating health education and professional midwifery standards, the COC model provides a robust framework for reducing the Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) in regions like North Sumatra. This case serves as a practical example of how integrated antenatal care can lead to positive clinical outcomes despite the

presence of high-risk factors (Rammohan, Goli and Chu, 2024)

Conclusion

The implementation of continuous midwifery care for Mrs. R with gestational hypertension demonstrated positive outcomes across pregnancy, childbirth, postpartum, newborn care, and family planning. The COC approach facilitated early detection of risks, effective education, and safe clinical decision-making, thereby supporting maternal and neonatal safety (Varney, Kriebs and Gegor, 2015)

Antenatal Care: Mrs. R was identified with gestational hypertension at 32 weeks of gestation, with a blood pressure of 150/100 mmHg. Through intensive monitoring and nutritional interventions—specifically a low-salt diet and adequate rest—her condition remained stable, preventing progression to preeclampsia.

Childbirth: The labor process was managed successfully and physiologically. Mrs. R delivered a healthy baby boy spontaneously, weighing 3,100 grams, with no immediate obstetric complications, proving that early detection during pregnancy significantly improves labor outcomes (Manurung, 2022).

Postpartum and Newborn Care: The postpartum period proceeded normally with proper uterine involution and successful initiation of breastfeeding. The newborn showed normal growth and development indicators during the follow-up period.

Family Planning: Mrs. R opted for the three-month injectable contraceptive method, which was deemed appropriate for her postpartum condition and breastfeeding status (Sinaga, 2022).

Overall Impact: The application of the COC model using Varney's management framework and SOAP documentation proved effective in providing holistic care.



This approach ensured the safety of both mother and infant and serves as a vital strategy in reducing maternal and infant

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