



## MIDWIFERY CARE FOR Mrs. R, WITH UMBILICAL CORD DELIVERY AT RIMENDA CLINIC, MEDAN DENAI DISTRICT, MEDAN CITY, NORTH SUMATRA PROVINCE IN 2025

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### ABSTRACT

Childbirth with an umbilical cord entanglement is a delivery carried out on a baby with an umbilical cord entanglement that can result in fatal consequences, namely death in the baby. This is due to repeated twisting of the umbilical cord in one direction, which can completely block fetal blood flow. Umbilical cord entanglement is usually found on the child's neck. Several factors that cause umbilical cord entanglement include an umbilical cord that is too long, fetal movement that is too active, and a high volume of amniotic fluid. Umbilical cord entanglement refers to a condition where the umbilical cord is entangled in a part of the fetus's body, such as the neck, body, or legs. WHO does not provide an explicit definition of this condition; medical literature states that umbilical cord entanglement is a common phenomenon in pregnancy and occurs in about 20-30% of pregnancies. Handling umbilical cord entanglement can be done by releasing it from the fetus's neck if possible; if not, the cord can be cut to reduce pressure. Perform medical treatment according to the safety of the mother and baby.

**Keywords:** Midwifery Care, Umbilical Cord Delivery, Intrapartum Care, Clinical Case Study, Rimenda Clinic

### Introduction

Maternal and child mortality rates are indicators used to assess a country's health status and the level of health care delivery. Early detection efforts to address morbidity and mortality in mothers, infants, and toddlers can be achieved through the implementation of comprehensive Continuity of Care (COC) from pre-pregnancy through pregnancy, childbirth, and newborn care, including family planning (Indriyani *et al.*, 2023).

The maternal mortality rate in 2021 was 395,000 cases per 100,000 live births, and infant mortality in 2020 reached

25,652 cases ('IMPLEMENTATION OF SLOW DEEP BREATHING ON BLOOD PRESSURE IN Helpitnati , Penerapan Slow Deep Helpitnati , Penerapan Slow Deep', 2023).

The causes of maternal mortality are often identified as being caused by several specific factors, most notably bleeding, hypertension in pregnancy, and Complications related to the birth process include pregnancy, complications during delivery, fetal malposition, seizures, premature rupture of membranes, prolonged labor, anemia, and high-risk factors such as age <20 years and >35

years (Santika, Hafsa and Mupliha, 2024).

According to the World Health Organization (WHO), umbilical cord entanglement is a condition in which the cord wraps around a fetal body part, such as the neck, trunk, or legs. Although the WHO does not provide an explicit definition of this condition, the medical literature indicates that umbilical cord entanglement is a common phenomenon during pregnancy and occurs in approximately 20–30% of pregnancies (Ekaviana *et al.*, 2024).

Umbilical cord entanglement is the delivery of a baby with the umbilical cord entangled. Umbilical cord entanglement can be fatal, resulting in infant death. This is due to repeated twisting of the cord in one direction, which can completely obstruct blood flow to the fetus. The cord entanglement is usually found around the baby's neck (Karim and Hafidz, 2024).

According to the WHO, several factors can cause umbilical cord entanglement, including an excessively long umbilical cord, active fetal movement, high amniotic fluid volume (polyhydramnios), and advanced pregnancy (Journal, 2022).

Handling of umbilical cord entanglement can be done by releasing it. If the umbilical cord cannot be removed from the fetus's neck, it can be cut to relieve pressure. Medical interventions are necessary to ensure the safety of both mother and baby. According to data from the Centers for Disease Control and Prevention (CDC) in the United States, in 2022, complications related to the placenta and umbilical cord, including umbilical cord entanglement, caused 631 infant deaths, a rate of 17.2 per 100,000 live births (Rohmah and Rahmawati, 2023).

## Research Method

To provide an accurate and systematic account of the midwifery care administered to Mrs. R, a descriptive case study approach was employed. This methodology focuses on an intensive examination of a person or group, using observations to obtain a comprehensive understanding of current health-related cases, especially in instances where the phenomenon being studied is deeply embedded within its real-life context (Wilson, 2025). The population is the object of research. This research population consists of pregnant women in their third trimester who visited the Rimenda Clinic in Medan Denai District, Medan City, in 2024. The sample is a sample of the total and the characteristics of each individual.

## Result

From the Continuity of Care provided to Mrs. R, which began in the third trimester of pregnancy, childbirth, postpartum, newborn care, and One approach to enhancing midwifery care involves the optimization of family planning programs through Continuity of Care. In this chapter, the author will explain the discussion through comparisons between theories. Therefore, the sample in this study was pregnant women in their third trimester. This study was conducted at the Rimenda Clinic in Medan Denai District, Medan City, to provide continuity of care to mothers who underwent normal delivery at the clinic in 2025. Mrs. R reported labor symptoms including radiating abdominal pain and bloody mucus at 07:00 a.m. on January 5, 2025. The examination confirmed 2 cm dilation, cervical thinning, and a head presentation with unruptured membranes. After sharing the results, the midwife advised the patient to utilize walking and



squatting to help accelerate the labor process through mobilization.

During her third trimester, Mrs. R completed three ANC visits at the Rimenda Clinic, Medan Denai District. These appointments were scheduled on November 10, 2024 (30 weeks 5 days), November 17, 2024 (31 weeks 6 days), and January 4, 2024 (38 weeks).

During Mrs. R's first visit to the Rimenda clinic at 30.5 days of pregnancy, she complained of frequent urination. Frequent urination is a normal physiological phenomenon in pregnant women in their third trimester. This is due to the increasing size of the uterus, which enlarges toward the pelvic inlet and into the abdominal cavity. This change puts pressure on the mother's bladder. To overcome this, the midwife provides care to the mother by telling her to empty her bladder before resting and to reduce her nighttime drinking so as not to disturb her rest.

During the second visit, Mrs. R was 31 weeks and 6 days pregnant and had back pain and frequent urination. The midwife provided information and education to the mother about what the mother experiences as discomfort in the third trimester, and it is a physiological thing for pregnant women in the third trimester. The treatment that can be done for pregnant women in the third trimester according to Safri and Mait's theory in 2021 is to provide massage therapy on the pregnant woman's back until the mother feels the pain she feels is reduced teach relaxation by regulating breathing when the mother feels pain, and advise the mother always to maintain a rest pattern, and compress using warm water. Teach relaxation by regulating breathing when the mother feels pain, and advise the mother always to maintain a rest pattern and compress with warm water.

On the 3rd visit, with the mother's gestational age at 38 weeks, Mrs. R weighed 58 kg with height 156 cm, with vital signs examination within Normal limits, TFU 33 cm, the head has entered the PAP, the condition of the mother and fetus is good, there are no other complications found, and no laboratory examination.

## Discussion

Labor is the process of expelling a fetus that occurs during full-term pregnancy (37-42 weeks), when the fetus is born spontaneously with a cephalic presentation within 18 hours, without complications for both the mother and the fetus (Crequit *et al.*, 2022). The author concludes that Mrs. R exhibited several signs described in the theory, and that there were no discrepancies between the theory and practice.

At 07:00 a.m. on January 5, 2025, Mrs. R reported abdominal discomfort radiating to the waist and the passage of bloody mucus, signaling the onset of labor. Clinical findings indicated 2 cm dilation, cervical effacement (thinning), and intact membranes with a head presentation. After informing the family of the progress, the midwife encouraged mobilization—specifically walking and squatting—as a non-pharmacological intervention to accelerate the labor process.

Stage 1 to stage 2, as Mrs. R felt, lasted 6 hours, namely from 08:30 to 12:30 WIB. The length of stage 1 in a primigravida was 11 hours. The author observed that stage 1 of Mrs. R ran normally because the contractions were good, but there was a gap between practice and theory: in theory, the primi lasted 8 to 12 hours, whereas in practice, it was 6 hours. The position of the fetus was normal in the uterus. The author concluded



that there was a gap between theory and practice.

The duration of the second stage was 50 minutes, showing no gap between practice and WHO guidelines. The male neonate was born at 12:30 WIB; after receiving tactile stimulation, the infant cried vigorously despite an initial delay. The author noted that continuous observation and the midwife's proactive response to clinical recommendations played a vital role in the uncomplicated delivery, which was accurately documented on the partograph.

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### Conclusion and Suggestion

This case study provided comprehensive midwifery care to the client, from pregnancy through birth control. The care provided to the client included:

1. Midwifery care during pregnancy has been provided to Mrs. R at the Rimenda clinic and is in accordance with the 10 Ts, ensuring no gap between theory and practice.
2. Delivery care was provided to Mrs. R, who gave birth to a baby boy weighing 2,900 grams and measuring 49 cm in length. The baby did not cry immediately; his skin was reddish, and he moved actively.

3. The postpartum care for Mrs. R was effectively managed, with no red-flag symptoms or danger signs observed during this period. The mother showed a proactive attitude toward her health, expressing a clear intention to adhere to all postnatal advice and health protocols shared by the midwife.
4. Midwifery care for the newborn on January 5, 2025, was assessed using an ABGAR score during drying and suctioning.
5. All midwifery care provided, from pregnancy, delivery, postpartum, and family planning, has been documented.

By receiving continuity of care from the third trimester of pregnancy through family planning, it is hoped that clients will gain increased knowledge and skills, enabling them to recognize early signs of potential maternal problems.

The application of midwifery care management in problem-solving can be further enhanced, and processes that support the Development of midwives' human resources with potential and competence.

#### A. For Researchers

It is hoped that the author can apply the knowledge he has gained throughout his studies to be able to provide continuous midwifery care during pregnancy up to the time of birth control.

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