



CONTINUITY OF CARE IN MRS. R WITH MILD ANEMIA AT RIMENDA TARIGAN INPATIENT PRIMARY CLINIC, MEDAN POLONIA DISTRICT MEDAN CITY, NORTH SUMATRA PROVINCE

**Sania Putri Siregar¹, Ester Simanullang², Dyanti SR Butarbutar³, Rimenda Tarigan⁴,
Aiga Asri⁵, Mawadah⁶, Roswita Sari Ndururu⁷**

^{1,2,3,5,6,7}**Sekolah Tinggi Ilmu Kesehatan Mitra Husada Medan**

⁴**Klinik Rimenda Tarigan**

Email: saniasiregar16@gmail.com, estersimanullang@mitrahusada.ac.id, dyanti@mitrahusada.ac.id,
rimenda@mitrahusada.ac.id, 2419201002@mitrahusada.ac.id, 2419201358@mitrahusada.ac.id,
2419201489@mitrahusada.ac.id

ABSTRACT

Background: Continuity of Care (CoC) is a comprehensive midwifery service that establishes a continuous relationship between the midwife and the patient to ensure safety and quality of care. This approach is vital for reducing maternal mortality rates, which are significantly high during the postpartum period due to complications such as hemorrhage and infection. **Objective:** This study aims to provide comprehensive midwifery care to Mrs. Y, a 24-year-old, covering pregnancy, childbirth, postpartum, newborn, and family planning stages. **Methods:** A descriptive case study method was employed to systematically observe and document health phenomena related to the patient's care at PMB Rimenda Tarigan in 2025. Data were collected through interviews, observations, and documentation using the SOAP approach and Helen Varney's 7-step management. **Results:** The pregnancy and labor (conducted on January 16, 2025) proceeded normally without serious complications. During the postpartum period, the patient experienced breast engorgement and low milk supply, which were successfully resolved through education on proper breastfeeding positions and breast care. The newborn showed no signs of infection or danger. For family planning, the patient chose the Lactational Amenorrhea Method (LAM). **Conclusion:** Comprehensive CoC successfully addressed physiological complaints and ensured the well-being of both mother and baby, emphasizing the importance of continuous midwifery support in lactation and reproductive health.

Keywords: Continuity of Care, Mild Anemia, Midwifery Care

Introduction

The Indonesian maternal death rate has dropped by 345 per 100,000 live births, according to the Indonesian Demographic and Health Survey (SDKI). The Sustainable Development Goals (SDGs) aim to lower the maternal death rate to less than 70 per 100,000 live births by 2030. Due to this circumstance, the possibility of achieving a global MMR reduction is off course;

diligent effort is required to do so. Pregnancy accounts for 23.89% of mother deaths, childbirth for 26.99%, and postpartum for 40.12%. During the postpartum phase, hemorrhage, eclampsia, infection, mastitis, and postpartum blues are the most frequent causes of maternal death (kemenkes ri, n.d.).

Based on the 2022 Medan City Health Service profile, around 40-60% of babies do not breastfeed their babies, this shows that postpartum mothers still have low knowledge about breast milk retention, especially breastfeeding their babies (Wulan et al., n.d.).

While global maternal mortality rates show a downward trend, the complexity of postpartum complications such as breast engorgement and the failure of exclusive breastfeeding remains a significant challenge often overlooked in primary healthcare. Postpartum issues, particularly regarding lactation, do not only impact the mother's physical health but also serve as psychological determinants that may trigger postpartum blues if not addressed through continuous care. In Medan, low maternal knowledge regarding lactation management contributes to high rates of breastfeeding failure.

The implementation of the Continuity of Care (CoC) model offers a systemic solution by ensuring a long-term partnership between the midwife and the patient from pregnancy through family planning. This approach allows for the proactive early detection of postpartum complications, which in turn increases care efficacy and produces higher-quality clinical outcomes. However, in-depth case studies integrating the management of breast engorgement within the CoC framework in independent midwifery practices still require further exploration to document the success of holistic clinical interventions.

Research Method

Descriptive study, which methodically describes a thing as it is, is the approach

employed for Mrs. Y's complete treatment. A case study is the type that is employed, which is an observational study to get a picture of health phenomena and current life instances, particularly in the context and phenomenon limits that are unclear.

This research was conducted at PMB Rimenda Tarigan with Continuity of Care for mothers who underwent normal delivery at the Rimenda clinic in 2025. Data collection is the process of collecting research data. These methods include questionnaires, interviews, observation, and documentation (Hikniawati 2020).

This study utilized a comprehensive midwifery management approach following Helen Varney's seven-step thought process and was documented using the SOAP (*Subjective, Objective, Assessment, Planning*) format. The participant was selected purposively, involving a mother in her third trimester (Mrs. Y) who was monitored longitudinally through the postpartum period and the selection of a family planning method. The research was centered at PMB Rimenda Tarigan, with the monitoring duration including four postpartum visits—one at the clinic and three home visits—to ensure the validity of observational data within the patient's natural environment.

Data collection instruments included in-depth interview guides, clinical observation sheets, and physical examinations to monitor vital signs, uterine involution, and the lactation process. Data validity was ensured through technical triangulation, where interview data were confirmed against direct observations and the patient's medical records. All research procedures were conducted in adherence to midwifery ethical principles, including obtaining informed consent from the participant prior to any data collection.

Result

Aiming to improve midwifery services in Indonesia through the use of continuity of care, Mrs. Y has received continuity of care midwifery management from the third trimester of pregnancy through childbirth, postpartum, newborn, and family planning. As intended, this type of treatment will also significantly lower maternal mortality in Indonesia in an indirect manner.

The implementation of Continuity of Care (CoC) for Mrs. Y was executed through a comprehensive midwifery management approach encompassing pregnancy, childbirth, postpartum, newborn, and family planning stages. During the third trimester of pregnancy, clinical observations indicated a normal physiological state despite the patient's complaint of frequent urination. This condition was identified as a result of the fetal head descending into the pelvic cavity and exerting pressure on the bladder, with no serious complications found during the final months leading up to delivery.

The labor process took place on January 16, 2025, at the Rimenda clinic through a vaginal delivery. The delivery progressed smoothly through the first to fourth stages without any reported problems. Following delivery, the newborn was monitored through three separate visits which confirmed that the infant was healthy, showing no signs of infection or danger signs.

During the postpartum period, the midwifery care specifically addressed the patient's clinical challenges regarding lactation. While no infection or hemorrhaging occurred, Mrs. Y initially experienced breast engorgement and a perceived low milk supply. To manage this, a series of interventions were implemented,

including teaching correct breastfeeding positions, providing breast care education, and involving the family to offer psychological support. By the visit on January 20th, clinical evaluations showed that the breast engorgement was resolved as the mother continued to provide regular exclusive breastfeeding.

The final phase of care focused on reproductive health and family planning. After receiving a detailed explanation of various contraceptive methods, Mrs. Y decided to rely on the natural physiological benefits of breastfeeding to prevent ovulation. Consequently, she chose the lactational Amenorrhea Method (LAM) as her current contraceptive approach to maintain the continuity of her reproductive health.

Discussion

These results were obtained from postnatal midwifery care for Mrs. Y with breast milk retention. This care was conducted over four visits—one at an independent midwifery practice and three at home—and was then structured using Helen Varney's 7-step approach and SOAP documentation.

Based on the above description, the action plan for the mother based on the case of breast engorgement was carried out by a visit for evaluation after being given an explanation about breast engorgement. Teaching the mother the correct and good breastfeeding position, teaching the mother breast care, providing psychological support by involving family and husband to reduce the anxiety experienced by the mother. On the visit on January 20th with the case of breast engorgement, the mother was still advised on a good position for breastfeeding and breast care and observed

the mother's condition with vital signs, reminding the mother to continue providing exclusive breastfeeding regularly or fully for 24 hours to her baby. On the home visit, the patient informed the mother about her current condition which is now no longer experiencing breast engorgement, monitored vital signs, encouraged the mother to continue providing exclusive breastfeeding to her baby, and encouraged the mother to eat natural foods, especially vegetables, to facilitate breast milk production. In this instance, the patient receives midwifery care through visits that are customized to their requirements and behaviors.

Conclusion and Suggestion

In this case study, the author gave the client complete midwifery care from conception to family planning. The client received the following care:

1. The mother had regular obstetric examinations in the last several months before giving birth, and no significant issues were discovered throughout the third trimester. Her only complaint was frequent urination, which was brought on by the fetus's lower pelvic position and strain on the bladder.
2. During Mrs. Y's labor, there were no problems during the first to fourth stages of labor, and the delivery was vaginal on January 16, 2025.
3. There was no infection or bleeding during the postpartum period. The mother only complained of a small amount of breast milk during the postpartum period, which is a normal physiological occurrence. The problem was resolved successfully without any gaps between theory and practice. During the postpartum visit, involution and fundal descent proceeded normally.

4. No complications or serious problems were found in the neonate. Three visits were conducted without any problems. No signs of infection or danger signs were found in the newborn.

5. A single family planning visit was conducted. After an explanation of the various contraceptive methods, the patient decided to rely on breastfeeding to prevent ovulation. Mrs. Y chose to use LAM as her current contraceptive method.

The comprehensive midwifery care provided to Mrs. Y through the Continuity of Care (CoC) model demonstrates that longitudinal monitoring effectively minimizes risks during the transition from pregnancy to the postpartum period. The integration of proactive management for breast engorgement and the implementation of the Lactational Amenorrhea Method

.The comprehensive midwifery care provided to Mrs. Y through the Continuity of Care (CoC) model demonstrates that longitudinal monitoring effectively minimizes risks during the transition from pregnancy to the postpartum period. The integration of proactive management for breast engorgement and the implementation of the Lactational Amenorrhea Method (LAM) proved successful in improving both maternal clinical outcomes and breastfeeding self-efficacy. This study concludes that a continuous midwife-patient relationship facilitates early detection of complications and empowers mothers to make informed reproductive health decisions. For clinical practice, this model should be standardized in independent midwifery settings to ensure that postpartum care extends beyond physical recovery to include sustainable

lactation support and family planning integration.

Based on the findings of this case study, several recommendations are proposed to enhance the quality of maternal and neonatal health services. For midwifery practitioners, it is highly recommended to consistently implement the Continuity of Care (CoC) model, as it allows for the early detection and professional management of physiological issues such as breast engorgement and frequent urination. Midwives should prioritize comprehensive education on breastfeeding positions and breast care while involving the family to provide psychological support, which is crucial for reducing maternal anxiety.

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