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# COMMUNITY MIDWIFERY CARE MRS. W EARLY PREGNANCY IN BANGUN REJO VILLAGE REGENCY DELI SERDANG 2026

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## ABSTRACT

**Background:** young-age pregnancy remains a global public health concern linked to elevated maternal and infant morbidity and mortality; an initial community assessment in Dusun V, Bangun Rejo Village, identified limited maternal knowledge in managing adolescent pregnancy, contributing to nausea and vomiting that threaten maternal and fetal nutritional status. **Objectives:** This study aimed to provide comprehensive community midwifery care to Mrs. W, a 21-year-old woman experiencing early pregnancy discomforts, using an analytical observational design with a longitudinal case study approach following Helen Varney's seven steps of midwifery management. **Methods:** Care was delivered through four intensive home visits during the field period in Deli Serdang Regency, with data collected via interviews, physical examinations, and SOAP documentation. **Results:** At baseline, the patient reported frequent morning sickness with vomiting and reduced appetite; midwifery interventions consisted of health education on appropriate pregnancy nutrition, counseling to eat small, frequent meals and avoid known triggers, regular monitoring, and provision of iron and folic acid supplements. Progressive follow-up at each visit included reinforcement of dietary guidance and assessment of symptoms and vital signs. By the fourth visit the patient's nausea had resolved, appetite normalized, and vital signs remained stable. These findings suggest that. **Conclusions:** targeted community midwifery care combined with structured education and simple nutritional support can effectively reduce early pregnancy physiological discomforts and help prevent nutritional compromise in young pregnancies.

**Keywords:** Early pregnancy, emesis gravidarum, community care, nutritional status.

## INTRODUCTION

Based on SDG 3 data, pregnancy at a young age or during adolescence remains a global health problem because it is closely related to the high risk of maternal and infant mortality.

Based on data from the World Health Organization (WHO), the global maternal mortality rate still requires serious attention to achieve the SDG 3 target of 2030, which is below 70 per 100,000 live births. According to the National Population and Family Planning Agency (BKKBN), pregnant women at too young an age are one of the main targets in the program to accelerate the reduction of stunting rates in Indonesia due to the high risk of anemia, bleeding, and Low Birth Weight (LBW) babies(Sustainable & Goals, 2025).

From the results of a survey and interviews with residents in Bangun Rejo Village, Tanjung Morawa District, it was found that one of the prominent health problems is the lack of knowledge of mothers regarding the management of early pregnancy, which has the potential to endanger the condition of the mother and fetus. Ignorance regarding nutritional needs and the management of early physiological complaints of pregnancy, such as nausea and vomiting, triggers vulnerability to declining health status. Based on this, the author carried out community midwifery care, which was outlined in the form of a Family Report for Mrs. W (21 years old) to optimize the health of pregnant women at the community level.

## METHODS

This study used a case report method for assisted families with a community midwifery care management approach. The care was implemented in Hamlet V, Bangun Rejo Village, Tanjung Morawa District, Deli Serdang Regency. The community midwifery care program ran from February 9 to May 2, 2026.

## RESULT

The initial assessment was conducted on February 13, 2026, on the family of Mr. I (24 years old, private employee) and Mrs. W (21 years old, housewife) who live in Bangun Rejo Village Hamlet. From the results of the priority problem survey of 12 families in the area, the problem of young pregnancy in Mrs. W has the highest score (score 9) which is triggered by a lack of knowledge about reproductive health, the risks of young pregnancy, and the fulfillment of macro/micro nutrients.

Initial clinical data (Visit 1) showed that Mrs. W was at 7 weeks 3 days gestation with complaints of frequent nausea (especially in the morning), sometimes vomiting, weakness, and decreased appetite. The results of the physical examination showed a good general condition, compos mentis consciousness, blood pressure 110/90 mmHg, pulse 88 x/minute, respiration 22 x/minute, temperature 36.7°C, and LiLA 24 cm. Based on these data, the diagnosis of Mrs. W was confirmed, 21 years old, 7 weeks 3 days gestation with mild emesis gravidarum.

| Visits/Dates | Subjective Data | Data Objektfi | Analysis & Development |
|---|---|---|---|
| 13 February 2026 | Often nausea in the morning, sometimes vomiting, weakness, decreased appetite | TD: 110/90 mmHg, N: 88x/i, RR: 22x/i, T: 36.7°C, LiLA: 25 cm. | Gestation 7 weeks 3 days with mild emesis gravidarum. |

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|---|---|---|---|
| March 09, 2026 | Nausea is still present but decreases, and appetite begins to increase. | TD: 120/80 mmHg, N: 85x/i, RR: 22x/i, T: 36.7°C, LiLA: 24 cm. | Mom seemed fitter and began to be cooperative in eating small portions of food. |
| March 31, 2026 | The mother stated that nausea complaints are rarely felt. | TD: 110/90 mmHg, N: 80x/i, RR: 20x/i, T: 36.6°C | The condition improved, no longer weak when doing daily activities. |
| 02 April 2026 | No longer experiencing nausea, appetite improved. | TD: 100/80 mmHg, N: 82x/i, RR: 22x/i, T: 36.7°C. | The problem is solved, the health of the mother and fetus is in optimal condition. |

## DISCUSSION

Based on the results of community care that began on February 13, 2026, it was found that Mrs. W. experienced early physiological adaptation problems in pregnancy in the form of nausea and vomiting (emesis gravidarum). Prolonged nausea and vomiting, if not handled properly, can be a factor that inhibits the nutritional intake of pregnant women, which in the long term carries the risk of triggering Chronic Energy Deficiency (CED), anemia, premature birth, and the incidence of Low Birth Weight Babies (LBW). Therefore, providing education and risk prevention interventions is a crucial step at the community midwifery level.

The primary interventions given to Mrs. W focused on dietary changes through recommendations for frequent small meals and avoiding fatty and strong-smelling foods. In addition to dietary modifications, micronutrient therapy in the form of supplemental biscuits, iron (Fe) tablets, and folic acid was intensified in accordance with government health program guidelines to support fetal organogenesis in the first trimester. Similar research has shown that providing education on the active ingredients of antiemetic herbal plants (such as ginger) and improving rest habits (2 hours during the day, 6–8 hours at night) can significantly reduce the frequency of nausea in young pregnant women.

Through consistent monitoring until the fourth visit in early April 2026, Mrs. W's compliance with the management provided showed positive results. Mrs. W was very cooperative, able to understand the nutritional counseling material, and independently implemented a healthy lifestyle, as indicated by the disappearance of complaints of nausea and vomiting and a significant increase in appetite. This proves that continuous community midwifery management is effective in empowering assisted families to anticipate potential problems during early pregnancy.

## CONCLUSIONS

The implementation of community midwifery care for Mrs. W (21 years old) with early pregnancy problems in Hamlet V, Bangun Rejo Village has been carried out well through the SOAP management approach. From the results of the assessment, it was found that the initial complaints were weakness and nausea, and vomiting in the morning which risked disrupting the nutritional status of the pregnancy. Through the provision of interventions in the form of IEC diet modification (small but frequent portions), restriction of foods that trigger nausea, Fe and folic acid supplementation, and regulation of rest patterns, Mrs. W's emesis gravidarum complaints were successfully resolved at the fourth evaluation visit.

For Foster Families: It is hoped that Mrs. W and her family can maintain a good nutritional pattern and independently visit the nearest health service facility (Community Health Center/Polindes) if at any time they experience signs of pregnancy danger. For Health Workers and Cadres: It is hoped that village midwives and cadres in Hamlet V of Bangun Rejo Village can intensify regular monitoring and classes for pregnant women to detect early the risk of complications in early pregnancy in the community.

**APPRECIATE (If There Is)**

Praise be to God Almighty for His blessings and grace so that I can compile and complete this report on foster families with the title of community midwifery care for NY. W aged 21 years with mild anemia in Hamlet II, Bangun Rejo Village, Tanjung Morawa District, Deli Serdang Regency in 2026. This report on foster families was compiled to complete the assignment and fulfill one of the requirements in completing education at STIKes Mitrahusada Medan.

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