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MIDWIFERY CARE MANAGEMENT FOR 27-YEAR-OLD Mrs. G4P1A2 WITH NORMAL LABOR AT THE PRIMARY CLINIC SITI KHOLIJAH HASIBUAN

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ABSTRACT

Background: Safe childbirth requires comprehensive and evidence-based midwifery care to ensure optimal maternal and neonatal outcomes. This case study aimed to describe the implementation of midwifery care management for a 27-year-old woman (G4P1A2) with normal labor at Siti Kholijah Hasibuan Primary Clinic. **Methods:** A descriptive case study design was used, applying Varney's Seven-Step Midwifery Management Process with SOAP documentation. Data were collected through interviews, physical examinations, observations, and medical record reviews, then analyzed descriptively according to current midwifery standards. **Results:** The mother experienced normal labor with stable maternal and fetal conditions throughout all stages of labor, resulting in a spontaneous vaginal delivery of a healthy newborn without complications. Comprehensive care, including continuous monitoring, emotional support, active management of the third stage of labor, early breastfeeding initiation, and postpartum counseling, contributed to positive outcomes. **Conclusion:** The application of evidence-based midwifery care and continuous monitoring effectively supported a safe, uncomplicated labor and favorable maternal and neonatal outcomes, highlighting the importance of standardized midwifery management in improving maternity care quality.

Keywords: Midwifery Care, Normal Labor, Intranatal Care, Varney Management, Maternal Health**.**

INTRODUCTION

Maternal health remains one of the main priorities in improving the quality of health services. Safe pregnancy and childbirth require comprehensive, continuous, and evidence-based midwifery care to ensure the well-being of both the mother and the newborn. Midwives play a crucial role in providing quality maternal care through early assessment, monitoring labor progress, identifying complications, and implementing appropriate interventions based on professional standards.

Normal labor is a physiological process that occurs when the fetus, placenta, and membranes are expelled spontaneously through the birth canal at term without significant maternal or fetal complications. Although considered a natural process, normal labor still requires careful observation because unexpected complications may arise at any stage of labor. Therefore, proper labor management is essential to maintain maternal and neonatal safety and to promote positive birth outcomes.

Midwifery care management applies a systematic approach to assessing the mother's condition, identifying actual and potential problems, planning individualized care, implementing interventions, and evaluating outcomes. The use of the midwifery management process, such as Varney's Seven Steps and SOAP documentation, enables midwives to provide holistic, client-centered, and evidence-based care while ensuring continuity of services.

This case report discusses the midwifery care management of Mrs. S.H., a 27-year-old woman, Gravida 4 Para 1 Abortus 2 (G4P1A2), who experienced normal labor at Siti Kholijah Hasibuan Primary Clinic. The case aims to describe the assessment, diagnosis, planning, implementation, and evaluation of midwifery care during labor according to current standards of midwifery practice. Through comprehensive care, it is expected that both maternal and neonatal health can be maintained, labor can proceed safely, and the quality of maternity services can be continuously improved.

METHODS

This study employed a descriptive case study design to describe the implementation of midwifery care management for Mrs. S.H., a 27-year-old Gravida 4 Para 1 Abortus 2 (G4P1A2) who underwent normal labor at Siti Kholijah Hasibuan Primary Clinic.

The subject of this case study was one pregnant woman in labor who met the criteria for normal labor. Midwifery care was provided using Varney's Seven-Step Midwifery Management Process and documented using the SOAP (Subjective, Objective, Assessment, and Plan) format.

Data were collected through:

- Interview (Anamnesis): Obtaining information regarding the mother's identity, obstetric history, current pregnancy, labor complaints, medical history, family history, and psychosocial condition.
- Physical Examination: Assessing the mother's general condition, vital signs, abdominal examination using Leopold maneuvers, uterine contractions, fetal heart rate, vaginal examination, and labor progress.

- Observation: Monitoring the progress of labor, maternal and fetal conditions, uterine contractions, cervical dilatation, fetal descent, and the mother's response during labor.
- Documentation Review: Reviewing maternal health records, antenatal care records, laboratory results, and partograph documentation.

The collected data were analyzed descriptively by comparing the findings with current evidence-based midwifery standards, national clinical practice guidelines, and relevant literature on normal labor management. Ethical principles, including respect for patient privacy and confidentiality, were maintained throughout the care process by ensuring that all personal information remained confidential and was used solely for academic purposes.

RESULTS

Mrs. S.H., a 27-year-old Gravida 4 Para 1 Abortus 2 (G4P1A2), was admitted to Siti Kholijah Hasibuan Primary Clinic with complaints of regular uterine contractions accompanied by blood-stained mucus. The pregnancy was full-term, and the mother had received routine antenatal care throughout pregnancy. Upon admission, the mother's general condition was good, with stable vital signs, while fetal heart rate remained within the normal range. Obstetric examination revealed a singleton fetus in cephalic presentation with adequate uterine contractions and progressive cervical dilatation, indicating that the labor process was progressing physiologically.

The progress of labor was monitored continuously using a partograph to evaluate cervical dilatation, uterine contractions, fetal descent, and maternal and fetal conditions. Throughout the first stage of labor, cervical dilatation progressed normally without prolonged labor or signs of fetal distress. This finding is consistent with evidence-based intrapartum care recommendations, which emphasize continuous monitoring to detect abnormalities early and ensure timely intervention when necessary. During the second stage, the mother successfully delivered a healthy live infant through spontaneous vaginal delivery without instrumental assistance or complications. The newborn cried immediately after birth, demonstrated good muscle tone, and showed no evidence of birth asphyxia, indicating successful neonatal adaptation to extrauterine life.

Active management of the third stage of labor was performed according to standard midwifery practice to minimize the risk of postpartum hemorrhage. The placenta was delivered completely, uterine contractions were adequate, and blood loss remained within the normal physiological range. During the fourth stage of labor, close observation confirmed that the mother's vital signs were stable, the uterus remained well contracted, and no postpartum complications such as excessive bleeding or retained placental tissue were identified. These findings demonstrate that comprehensive monitoring during the immediate postpartum period plays a significant role in preventing maternal morbidity.

Comprehensive midwifery care was provided throughout labor by applying Varney's Seven-Step Midwifery Management Process. Care included continuous assessment of maternal and fetal conditions, emotional support during labor, infection prevention measures, pain management through non-pharmacological approaches, active management of the third stage of labor, immediate skin-to-skin contact, early initiation of breastfeeding (Early Initiation of Breastfeeding/IMD), and postpartum counseling. These interventions are supported by current evidence demonstrating that respectful maternity care, continuous labor support, and early

breastfeeding initiation improve maternal satisfaction, neonatal adaptation, and breastfeeding success.

The favorable maternal and neonatal outcomes observed in this case indicate that the implementation of evidence-based midwifery care at Siti Kholijah Hasibuan Primary Clinic was effective in supporting a safe and uncomplicated normal labor. The systematic application of assessment, diagnosis, planning, implementation, and evaluation enabled the midwife to provide individualized, holistic, and high-quality care while preventing potential complications. This case reinforces the importance of skilled birth attendance, adherence to clinical guidelines, and continuous maternal and fetal monitoring in achieving optimal outcomes for both mother and newborn.

CONCLUSIONS

This case study demonstrated that the implementation of comprehensive midwifery care management for Mrs. S.H., a 27-year-old Gravida 4 Para 1 Abortus 2 (G4P1A2) with normal labor at Siti Kholijah Hasibuan Primary Clinic was successfully carried out in accordance with evidence-based midwifery practice and the principles of Varney's Seven-Step Midwifery Management Process, with documentation using the SOAP format. A systematic approach involving comprehensive assessment, accurate diagnosis, individualized planning, appropriate implementation, and continuous evaluation enabled the provision of safe, effective, and high-quality intrapartum care.

Throughout the labor process, maternal and fetal conditions remained stable, and labor progressed physiologically from the first stage through the fourth stage without any significant complications. Continuous monitoring using a partograph facilitated early identification of labor progress and ensured that any deviations from normal labor could be detected promptly. The mother successfully delivered a healthy newborn through spontaneous vaginal delivery without instrumental assistance, while the newborn adapted well to extrauterine life with no evidence of birth asphyxia. In addition, active management of the third stage of labor contributed to complete placental delivery, adequate uterine contraction, minimal blood loss, and the prevention of postpartum hemorrhage.

The successful outcome of this case also highlights the importance of comprehensive intrapartum care beyond clinical interventions alone. Continuous emotional support, infection prevention, non-pharmacological pain management, early skin-to-skin contact, early initiation of breastfeeding (IMD), postpartum observation, and health education provided to the mother and her family played essential roles in promoting maternal comfort, enhancing neonatal adaptation, strengthening mother–infant bonding, and supporting successful breastfeeding. These holistic interventions reflect the essential role of midwives in delivering respectful, woman-centered maternity care.

Furthermore, the findings of this case are consistent with previous studies, which reported that adherence to standardized normal childbirth care and evidence-based midwifery management contributes to favorable maternal and neonatal outcomes while minimizing the risk of complications. The consistency between this case and the existing literature strengthens the evidence that systematic midwifery management, skilled birth attendance, and continuous monitoring are fundamental components of quality maternity care.

In conclusion, this case confirms that evidence-based midwifery care, supported by standardized clinical guidelines, comprehensive assessment, continuous labor monitoring, and holistic maternal support, can ensure safe and uncomplicated normal childbirth while.

improving maternal and neonatal health outcomes. The application of standardized midwifery management should continue to be strengthened in primary healthcare facilities through continuous professional development, adherence to national clinical guidelines, and the implementation of respectful maternity care. These efforts are expected to further enhance the quality of maternal health services, reduce preventable maternal and neonatal morbidity and mortality, and contribute to achieving better reproductive health outcomes in the community.

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The author realizes that this case report is not free from limitations. Therefore, constructive criticism and suggestions are sincerely welcomed for future improvement. It is hoped that this report will provide useful information and contribute to the advancement of midwifery knowledge and clinical practice.

CONFLICT OF INTEREST AND FUNDING DISCLOSURE

The author declares that there are no conflicts of interest related to the preparation, implementation, or publication of this case report. The author has no financial, personal, or professional relationships that could have influenced the content or interpretation of the findings presented in this report. This case report received no specific grant or financial support from any public, commercial, or not-for-profit funding agency. All activities related to the preparation of this report were conducted as part of the author's academic clinical practice requirements, without external financial assistance.

REFERENCE

Alkatiri, Lutvia. 2025. “The relationship between knowledge of pushing techniques and perineal rupture after normal delivery at Ranomuut Community Health Center, Manado City.”.

Asresash Demissie, og Marta Tessema. 2021. “Active Management of Third Stage of Labor: Practice and Associated Factors among Obstetric Care Providers in North Wollo, Amhara Region, Ethiopia.” *Obstetrics and gynecology international* 2021: 9207541. doi:10.1155/2021/9207541.

Barani, Nurul Ain, og Luluk Rosidah. 2024. "The relationship between parity and the incidence of perineal rupture in normal maternity in the working area of the Sleman Health Center, Yogyakarta.". *Jurnal Kebidanan* 2(September): 1029–35.

Bhatt, Manojkumar J., Gunvant K. Kadikar, Medha Kanani, og Shivani Shah. 2018. "Comparison of normal and abnormal labour by using Modified WHO Partograph". *International Journal of Reproduction, Contraception, Obstetrics and Gynecology* 7(4): 1440. doi:10.18203/2320-1770.ijrcog20181332.

Desi Hariani, Elvina Indah Syafriani, og Era Mardia Sari. 2024. "Maternal Anxiety Levels During Normal Childbirth at the Alisa Pratama Clinic in Kenten Village, Banyuasin Regency, 2022". Journal of Health and Development 14(27): 199–205. doi:10.52047/jkp.v14i27.309.

Dhonna Anggreni, og Alfiyatur Rochimin. 2022. "Normal Delivery Care for Mrs. 'R'". *Medica Majapahit* 14(1): 15–22. https://ejournal.stikesmajapahit.ac.id/index.php/MM/article/view/788.

Fadilah N, Dhilo DA. 2024. "Evidance midwifery journal". *Evidance Midwifery Journal* 4(3): 1–5.

Fauza, Rahmawani. 2024. "The Effect of Pregnancy Exercises on Normal Childbirth at the BPM Suci Rahmadani Clinic in 2023". *Covid-19: Journal of Health, Medical Records and Pharmacy* 1(2): 156–62.

Fita Anggriani, K, Sitti Nurana, Prodi DIII Kebidanan, og Fakultas Kesehatan Masyarakat. 2023. "Publisher: Center for Study and Journal Management, Faculty of Public Health, UMI Midwifery Care for Mrs. A with Normal Delivery". *Window of Midwifery Journal* 04(02): 110–18. http://jurnal.fkm.umi.ac.id/index.php/wom/article/view/wom4203.

Hamidah, Nur, Anggrayni Hidayat, Kamila Mas'udah, Reni Wahyu Triningsih, Studi Program, Terapan Sarjana, Politeknik Kebidanan, m.fl. 2023. "Overview of Blighted Ovum Cases". *The Southeast Asian Journal of Midwifery* 9(1): 13–17.

Jelita, Nova, Lumban Raja, Yanni Putriana, Nova Melina Hutahaean, Wahyu Lidya, og Riska Susanti Pasaribu. 2022. "EDUCATION ON REDUCING LABOR PAIN BY APPLYING WARM COMPRESSES , MASSAGE DI PMB DEBY Corresponding author : Ester Simanullang (estersimanullang@gmail.com)". 5: 1–7.

Kalsum, Ummi. 2022. "Midwifery Care for Mothers Giving Birth Normally at PMB Mimi Lizawati Amd. Keb, Salo Health Center Work Area". *Journal on Education* 1(1): 45–51.

Kurnia, Made Isa Meidriani, Putu Mastiningsih, og Ni Made Risna Sumawati. 2025. "Oxytocin Massage on Uterine Involution in Normal Postpartum Women in the Kemuning Ward, Tabanan Regional Hospital". *Jurnal Karya Generasi Sehat* 3(2): 204–16. doi:10.31964/jkgs.v3i2.196 Molla, Wondwosen,

Nuryana, Hafifa, Magfirah, Cut Mutiah, og Lili Kartika Sari Harahap. 2023. "Midwifery Care for Normal Delivery for Mrs. R at Bpm Mardiah, Langsa City". *Jurnal Kesehatan Almuslim* 9(1): 13–19. doi:10.51179/jka.v9i1.1856.

Neonatus dan Balita 5(2): 26–30. titaaning, fdkk. 2023. "Asuhan Kidana". *Who* 04(02): 119–28.

Pengantar, Kata. 2025. "SEKOLAH TINGGI ILMU KESEHATAN MITRA HUSADA MEDAN (STIKes) Medan , 07 November 2024". 5(2419201076): 203–9."ScienceDirect_articles_23Jun2026_03-05-07".

Shafira Yuniarty, K, Linda Hardianti Saputri, Diii Kebidanan, og Fakultas Kesehatan Masyarakat. 2022. "Intranatal dengan Persalinan Normal Kala I Fase Aktif". 03(01): 21–31.

Sihombing, Elisa, Eva Ratna Dewi, Rosmey Linda Buulolo, og Dwi Hasanah. 2025.

Sri Suparti, og Ani Nur Fauziah. 2021. "Determinants of Midwife Compliance in Implementing Normal Childbirth Care Standards". *Jurnal Kebidanan Indonesia* 12(2): 99–110.

Syafitri, Minati Rahayu, og Kamelia Sinaga. 2023. "Asuhan Kebidanan Continuityofcare (Coc) Pada Ny. D Di Klinikhamidah Nasutionmedan". *Buku Asuhan Kebidanan pada BBL,*

Yessica Geovany Sianipar, Ariska Fauzianty, Khairunnisa Situmorang, Nova Isabella Napitupulu, Hesti Desmawati Gulo, Erliani Br Ginting, og Esra Maria Tambunan. 2023."Excellent Service Health Education on Pain Relief During Childbirth in Bangun Rejo Village, Morawa District, Deli Serdang in 2023". *NUSANTARA Jurnal Pengabdian Kepada Masyarakat* 3(2): 213–20. doi:10.55606/nusantara.v3i2.1653.