The 6th Mitra Husada Health International Conference (MiHHICo) 2026
Volume 6 (2026) ISSN: 2988-3768

MIDWIFERY CARE MANAGEMENT FOR MRS. H, A 25-YEAR-OLD PRIMIGRAVIDA AT 9 WEEKS OF GESTATION WITH MORNING SICKNESS AT CITRA PRIMARY CLINIC IN 2026

Titis Jernih Wati Gea[1], Sarispi[2], Nova Elisa[3],
Mala Pianti Manik[4], Kismiasih Adethia[5],Nurlela Juniarti[6]
[1-5]STIKes Mitra Husada Medan
2419201713@mitrahusada.ac.id, 24192010@mitrahusada.ac.id,
2519201040@gmail.com,2519201034@mitrahusada.ac.id, kismiasihaditya@mitrahusada.ac.id

ABSTRACT

Background: Morning sickness or nausea and vomiting of pregnancy (NVP) is a common physiological condition occurring in the first trimester due to hormonal changes, particularly increased levels of human chorionic gonadotropin (hCG), estrogen, and progesterone. Globally, approximately 50–80% of pregnant women experience nausea and vomiting with varying severity, which may affect maternal quality of life and nutritional status if not properly managed. **Methods:** This study used a descriptive case study design on Mrs. H, a 25-year-old G1P0A0 woman at 9 weeks of gestation at Pratama Citra Clinic in 2026. Data were collected through anamnesis, physical examination, and documentation using the Varney midwifery management approach **Results:** The patient experienced mild nausea and vomiting, especially in the morning, without signs of dehydration and with normal vital signs, indicating physiological morning sickness. The care provided included education about pregnancy conditions, recommendations for small frequent meals, adequate fluid intake, and emotional support from the family.**Conclusions:** Morning sickness in this case is a physiological condition that can be effectively managed through comprehensive midwifery care based on education and non-pharmacological approaches to prevent complications.

Keywords: Morning sickness; first trimester pregnancy; midwifery care; nausea and vomiting.

Introduction

This case study supports the vision and mission of STIKes Mitra Husada Medan in producing competent, professional, and evidence-based midwives who are able to provide comprehensive maternal healthcare services. The implementation of evidence-based midwifery care in managing morning sickness reflects the institution's commitment to improving maternal and child health outcomes.

Pregnancy is a natural physiological process involving various anatomical, physiological, and hormonal changes within the maternal body to support fetal growth and development. One of the most frequent complaints during early pregnancy is nausea and vomiting, commonly referred to as morning sickness.(Adethia *et al.*, 2025) Morning sickness generally occurs during the first trimester and is associated with increased concentrations of pregnancy hormones, especially human chorionic gonadotropin (hCG), estrogen, and progesterone. Symptoms usually begin between the fourth and sixth weeks of gestation, reach their peak around the eighth to twelfth weeks, and gradually decrease after the sixteenth week of pregnancy. However, severe or uncontrolled nausea and vomiting may progress into hyperemesis gravidarum, which can result in dehydration, electrolyte imbalance, and nutritional deficiencies.(Manurung and Sigalingging, 2020)

Based on the case identified at Citra Primary Clinic, Mrs. H, a 25-year-old primigravida with a gestational age of 9 weeks, presented with complaints of nausea and vomiting, particularly in the morning. Therefore, appropriate and comprehensive midwifery care was required to relieve symptoms, improve maternal comfort, and prevent possible complications.(Munthe *et al.*, 2024) The purpose of this article was to describe the implementation of midwifery care management for a pregnant woman experiencing morning sickness during the first trimester of pregnancy.(Manurung *et al.*, 2022)

Research Method

This study employed a descriptive case study design with an observational approach to provide an in-depth description of midwifery care management in first trimester pregnant women experiencing morning sickness. This design was selected as it allows for a comprehensive understanding of the patient's clinical condition and the implementation of midwifery care based on real clinical practice. The population of this study included all first trimester pregnant women experiencing nausea and vomiting, while the sample consisted of one pregnant woman, Mrs. H, aged 25 years, G1P0A0, at 9 weeks of gestation, who experienced morning sickness at Pratama Citra Clinic in 2026. The sampling technique used was purposive sampling, in which participants were selected based on specific criteria relevant to the research objectives. (Sinaga *et al.*, 2022)

The variables in this study consisted of an independent variable, namely midwifery care, and a dependent variable, which was the condition of morning sickness in pregnant women. Midwifery care was operationally defined as a series of actions carried out by midwives, including assessment, diagnosis, planning, implementation, and evaluation based on the Varney midwifery management approach. Meanwhile, morning sickness was defined as a condition of nausea with or without vomiting occurring in the first trimester of pregnancy, assessed based on the frequency of vomiting, severity of symptoms, activities.(Bakara *et al.*, 2024)

Data collection was conducted through several techniques, including anamnesis (interviews), physical examination, and documentation. Anamnesis was used to obtain subjective data such as the patient's main complaints, medical history, and dietary patterns. Physical examination was performed to obtain objective data, including vital signs and general condition. (Adethia and Sapna, 2020) Documentation was carried out using the SOAP format and the Varney management approach to ensure systematic and structured recording of care. The instruments used in this study included a sphygmomanometer, thermometer, weighing scale, observation sheets, and structured interview forms, all of which met healthcare service standards.(Dewi *et al.*, 2021)

Data analysis was performed descriptively by comparing the findings of the case with existing theories and previous research results. The collected data were organized systematically and analyzed to determine the consistency between the patient's condition and theoretical concepts of morning sickness as well as appropriate midwifery care management. Ethical considerations were also applied in this study. Prior to data collection, approval was obtained from Pratama Citra Clinic. In addition, informed consent was obtained from the patient after explaining the purpose and procedures of the study. Patient confidentiality was maintained by using initials, and ethical principles such as respect for persons, beneficence, and justice were upheld throughout the research process.(Adethia *et al.*, 2025)

Discussion

The results of this study were obtained through anamnesis, physical examination, and documentation of midwifery care provided to Mrs. H, a 25-year-old G1P0A0 woman at 9 weeks of gestation who presented with complaints of nausea and vomiting. The patient was identified as a primigravida in the first trimester, which is the period most commonly associated with morning sickness. The initial assessment revealed that the patient experienced nausea and vomiting primarily in the morning, with a frequency of 2–3 times per day, accompanied by decreased appetite. Despite these symptoms, the patient's general condition remained good, with vital signs within normal limits, including a blood pressure of 110/70 mmHg, pulse rate of 82 beats per minute, and body temperature of 36.7°C. No signs of dehydration were observed.(Kismiasih Adethia *et al.*, 2024)

Based on these findings, a midwifery diagnosis of physiological morning sickness was established, as the symptoms occurred without complications such as dehydration or electrolyte imbalance. The midwifery care provided focused on non-pharmacological management, including education about the condition, recommendations for small and frequent meals, adequate fluid intake, psychological support, and regular monitoring of the patient's condition. Following the implementation of these interventions, an improvement in the patient's condition was observed. The frequency of nausea and vomiting decreased, appetite gradually improved, and the patient demonstrated a better understanding of her condition after receiving education. The patient's general condition remained stable, and no complications were identified during the monitoring period. Overall, these findings indicate that the patient's condition was physiological and could be effectively managed through appropriate midwifery care.(Sari *et al.*, 2025)

The findings of this study indicate that the nausea and vomiting experienced by the patient fall into the category of physiological morning sickness, which commonly occurs during the first trimester of pregnancy. Clinically, this suggests that the symptoms represent a

normal adaptation of the maternal body to hormonal changes during pregnancy. Therefore, not all cases of nausea and vomiting require intensive medical intervention, as they can be effectively managed through appropriate and structured midwifery care.(Marliani, 2024)

Theoretically, morning sickness is closely associated with increased levels of pregnancy hormones, particularly human chorionic gonadotropin (hCG), estrogen, and progesterone, which affect the vomiting center in the central nervous system and slow gastrointestinal motility. This mechanism leads to the onset of nausea and vomiting, especially during the first trimester when hormone levels peak. The findings of this study are consistent with this theory, as the patient experienced symptoms at 9 weeks of gestation, which corresponds to the peak period of morning sickness.(Ribur Sinaga *et al.*, 2024)

Furthermore, the results demonstrate that non-pharmacological interventions, such as education, dietary modification, and psychological support, have a positive impact on the patient's condition. This finding highlights the important role of midwives in providing comprehensive care to pregnant women. (Lacasse *et al.*, 2009)

It is consistent with previous studies which state that non-pharmacological approaches are the first-line management for mild to moderate nausea and vomiting in pregnancy. In addition, the implementation of education-based care was shown to improve the patient's understanding of her condition, reduce anxiety, and enhance her ability to manage symptoms independently. This emphasizes the importance of addressing both physical and psychological aspects through a holistic approach. (Gadsby *et al.*, 2021)

When compared to previous studies, the results of this study show similarities in the effectiveness of non-pharmacological interventions in reducing symptoms of nausea and vomiting. However, this study differs in its use of a case study design, which provides more in-depth insights but limits generalizability to a broader population. Despite this limitation, the study offers valuable clinical insights into the practical application of midwifery care.(Liu *et al.*, 2022)

This study has several strengths, including the use of a case study approach that allows for in-depth assessment and individualized care. Additionally, the data were obtained directly from clinical practice, providing a realistic representation of patient conditions. However, the study also has limitations, such as the use of a single sample, the absence of laboratory examinations, and the relatively short observation period, which may not fully capture long-term outcomes.(Aribah *et al.*, 2025)

APPRECIATE (If There Is)

The authors would like to express their sincere gratitude to the School of Health Sciences (STIKes) Mitra Husada Medan for providing support during the completion of this article. The authors also appreciate the guidance and valuable suggestions from clinical supervisors and preceptors throughout the implementation of midwifery care. Furthermore, the authors would like to thank Mrs. H for her willingness to participate as the subject of this case study.

References

Adethia, K. *et al.* (2025) 'the Relationship Between Maternal Characteristics and Stunting Incidence in Nagari Muaro Sijunjung District West Sumatera Province in 2024', *Journal of Public Health Science*, 2(2), pp. 359–366. Available at: https://doi.org/10.70248/jophs.v2i2.2970.

Adethia, K. and Sapna, M. (2020) 'The Effect of Giving Ginger to Reducing Hyperemesis Gravidarum in Pregnant Women in the Nana Diana's Clinic Medan City', *The 1st Mitra Husada Health International COnference (MIHHICo)*, pp. 3–6.

Aribah, S. *et al.* (2025) 'Manajemen Asuhan Kebidanan Pada Ny.S G2 P1 a0 Usia Kehamilan 9Minggu Dengan Morning Sikcness Di Bpm Hanna SimbolonTahun 2025', *Forisma (Forum Ilmiah Dan Diskusi Mahasiswa)*, 7.

Bakara, S.M.P. *et al.* (2024) 'Potential of Rosella Hibiscus Sabdariffa L) As a Herbal Medicine for Health', *Journal of Public Health Science*, 1(4), pp. 340–349. Available at: https://doi.org/10.70248/jophs.v1i4.1985.

Dewi, E.R. *et al.* (2021) 'Pelaksanaan Senam Lansia Untuk Peningkatan Kualitas Hidup Lansia', *Prosiding Konferensi Nasional Pengabdian Kepada Masyarakat dan Corporate Social Responsibility (PKM-CSR)*, 4, pp. 440–444. Available at: https://doi.org/10.37695/pkmcsr.v4i0.1208.

Gadsby, R. *et al.* (2021) 'The onset of nausea and vomiting of pregnancy: a prospective cohort study', *BMC Pregnancy and Childbirth*, 21(1), pp. 1–7. Available at: https://doi.org/10.1186/s12884-020-03478-7.

Kismiasih Adethia *et al.* (2024) 'Hubungan Sosial Budaya dan Pengetahuan Terhadap Minat Ibu dalam Penggunaan Alat Kontrasepsi Jangka Panjang (MKJP) di Wilayah Kerja UPTD Puskesmas Singkil Tahun 2024', *Antigen : Jurnal Kesehatan Masyarakat dan Ilmu Gizi*, 2(3), pp. 200–206. Available at: https://doi.org/10.57213/antigen.v2i3.337.

Lacasse, A. *et al.* (2020) 'Epidemiology of nausea and vomiting of pregnancy: Prevalence, severity, determinants, and the importance of race/ethnicity', *BMC Pregnancy and Childbirth*, 9, pp. 1–9. Available at: https://doi.org/10.1186/1471-2393-9-26.

Liu, C. *et al.* (2022) 'Emerging Progress in Nausea and Vomiting of Pregnancy and Hyperemesis Gravidarum: Challenges and Opportunities', *Frontiers in Medicine*, 8(January), pp. 1–17. Available at: https://doi.org/10.3389/fmed.2021.809270.

Manurung, H.R. *et al.* (2022) 'Penerapan Teknik Effleurage Massage Dalam Mengatasi Nyeri Afterpains Ibu Postpartum Di Puskesmas Negeri Lama Kecamatan Bilah Hilir Kabupaten Labuhanbatu Tahun 2022', *Prosiding Konferensi Nasional Pengabdian Kepada Masyarakat dan Corporate Social Responsibility (PKM-CSR)*, 5, pp. 1–10. Available at: https://doi.org/10.37695/pkmcsr.v5i0.1636.

Manurung, H.R. and Sigalingging, T. (2020) 'Pengaruh Pijat Oksitosin Terhadap Kelancaran ASI Pada Ibu Nifas Di Puskesmas Sitinjo Kabupaten Dairi Tahun 2019', *Exxcellent Midwifery Journal*, 3(1), pp. 69–78.

Marliani, M. (2024) 'Enhancing Maritime Security: Challenges and Strategies in Indonesia's Natuna Sea', *Journal of Maritime Policy Science*, 1(1), pp. 32–39. Available at: https://doi.org/10.31629/jmps.v1i1.6996.

Munthe, J. *et al.* (2024) 'p-issn : 2808-6996 Pendampingan Peran Kader dalam Mengurangi Kejadian Kek Pada Ibu Hamil di PMB Sarfina Sembiring', pp. 107–114.

Ribur Sinaga *et al.* (2024) 'Pengaruh Terapi Birthball terhadap Kemajuan Persalinan Kala I pada Ibu Bersalin di Pustu Bangun Rejo Kecamatan Tanjung Morawa Kabupaten Deli Serdang Provinsi Sumatera Utara Tahun 2024', *Jurnal Sains dan Kesehatan*, 8(1), pp. 91–101. Available at: https://doi.org/10.57214/jusika.v8i1.549.

Sari, F. *et al.* (2025) 'Hal. 253', *Jurnal Pengabdian Kolaborasi Inovasi IPTEKS*, 3(1), pp. 253–258.

Sinaga, S.N. *et al.* (2022) 'The Increase of Knowledge, Attitude, and Practice of Husbands toward the Prenatal Care of their Wives Using the Illustrations Having the Local Cultural Nuance', *Open Access Macedonian Journal of Medical Sciences*, 10(E), pp. 525–530. Available at: https://doi.org/10.3889/oamjms.2022.8092.