COMPREHENSIVE MIDWIFERY CARE FOR MRS. M AT TRI HASANAH INDEPENDENT MIDWIFERY PRACTICE, SUBULUSSALAM CITY IN 2026

Rosaiba Rambe[1], **Rahayu Ningsih**[2], **Ricca Nophia Amra** [3], **Ratnawati Bancin** [4],**Fitriani Bancin**
'Akademi Kebidanan Medica Bakti Persada
Email: rosaiba755@gmail.com, rahayuningsihrakasiwi@gmail.com, fitribancin03@gmail.com, ricca.ubudiyah@gmail.com ratnawatibancin23@gmail.com

ABSTRACT

Maternal and neonatal mortality rates remain critical indicators of healthcare quality, posing a significant challenge in Subulussalam City, where 18 maternal and 25 neonatal deaths were recorded in 2023. As a preventive measure, comprehensive midwifery care (Continuum of Care) is essential to systematically detect risks and minimize complications from pregnancy through family planning. This descriptive case study aimed to provide continuous, high-quality midwifery care using Varney's management method and SOAP documentation for Mrs. M (28 years old, G2P1A0) at PMB Tri Hasanah, Subulussalam City, from March to July 2026. Primary data were gathered through continuous interviews, physical examinations, and clinical observations. The results showed that third-trimester pregnancy progressed normally with appropriate management of physiological discomforts. Delivery was spontaneous and smooth, resulting in a healthy male infant weighing 3,800 grams and an intact maternal perineum with no lacerations. The postpartum period, neonatal care, and family planning services, which resulted in selecting a breastfeeding-safe contraceptive method, were successfully completed without pathological complications. In conclusion, the application of comprehensive midwifery care is proven effective in ensuring maternal and newborn safety, preventing fatal complications such as postpartum hemorrhage, and boosting family planning engagement.

Keywords: Maternal education, Exclusive breastfeeding, Infant health, Cross-sectional study, Indonesia

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Introduction

Pregnancy is a continuous and complex transitional process that links ovulation, conception, implantation, placental development, and progressive fetal growth until full term. Although pregnancy and childbirth are generally regarded as physiological lifecycles, life-threatening pathological complications can arise unexpectedly. According to the World Health Organization (WHO), implementing high-quality, continuous antenatal care standards under a Continuum of Care model is critical to systematically detecting early maternal risks and reducing reproductive mortality rates.

In Aceh Province (2022), the Maternal Mortality Rate (MMR) was recorded at 134 per 100,000 live births, which was heavily dominated by postpartum hemorrhage (52%) and intrapartum complications (25%). Locally, the Subulussalam City Health Office reported critical figures in 2023, with 18

maternal deaths and 25 neonatal deaths. The leading causes of these fatalities included gestational hypertension (7 cases), postpartum hemorrhage (3 cases), infections (3 cases), as well as neonatal asphyxia and Low Birth Weight (LBW).

To break the chain of regional maternal and neonatal mortality, midwives must possess the competency to deliver

continuous, comprehensive healthcare services. Therefore, this case study was conducted to document the comprehensive application of midwifery care for Mrs. M at Independent Midwifery Practice (PMB) Tri Hasanah, Subulussalam City, spanning from the third trimester of pregnancy, labor, and the postpartum period, to neonatal care and family planning (KB) services from March to July 2026.

Research Method

This study utilized a descriptive case study design with a Continuum of Care approach, tracking a single subject throughout the continuous stages of the reproductive lifecycle. The subject of this study was Mrs. M, a 28-year-old multigravida (G2P1A0) receiving services at the Independent Midwifery Practice (PMB) Tri Hasanah in Subulussalam City. Comprehensive monitoring and care were provided continuously over a five-month period, from March to July 2026.

Primary data collection was performed through structured and unstructured interviews to obtain the patient's clinical history, detailed quantitative physical examinations (including vital signs, fundal height, and Leopold maneuvers), and direct clinical observations during labor and the postpartum period. Secondary data were gathered through triangulation by reviewing the patient's official Maternal and Child Health (MCH/KIA) logbook

and existing medical records.

The collected data were then qualitatively and clinically analyzed to compare real-world practices with standard midwifery care protocols. Clinical management and data analysis were structured around Varney's 7-step midwifery management framework and systematically documented using the SOAP (Subjective, Objective,

Assessment, Plan) narrative model across all care phases, including antenatal, intranatal, postnatal, newborn, and family planning services.

Result

The clinical findings of the comprehensive midwifery care provided to Mrs. M (28 years old, G2P1A0) at PMB Tri Hasanah were recorded across five continuous stages from March to July 2026.

3.1 Antenatal Care (ANC)

Antenatal care monitoring during the third trimester was focused on two main clinical follow-ups. Mrs. M's Expected Date of Delivery (EDD) was determined as May 17, 2026.

At 34 Weeks Gestation: The patient reported feeling physiological third-trimester fatigue. Clinical examination revealed stable maternal vital signs (BP: 120/80 mmHg, Pulse: 80 bpm, Temp: 36°C, Resp: 22 bpm) and a fundal height (TFU) of 33 cm. Leopold maneuvers indicated a right-side fetal back (PUKA) and a cephalic presentation without pelvic inlet engagement. The Fetal Heart Rate (FHR) was clear and regular at 145 bpm. Laboratory screenings showed a normal Hemoglobin level of 12.5 g% and negative results for both urine protein and glucose. Care management consisted of educating the patient on lifestyle modifications for fatigue, ensuring iron (Fe) supplement adherence, and identifying maternal warning signs.

At 38 Weeks 4 Days Gestation: The patient reported general physical wellness. Clinical assessment showed an updated TFU of 37 cm, and Leopold maneuvers confirmed that the fetal head had successfully engaged in the pelvic inlet (divergent). The FHR remained stable at 145 bpm. The patient was instructed on pelvic-opening exercises using a birthing ball and advised on recognizing real labor signs.

3.2 Intranatal Care (INC)

On May 23, 2026, at 08:30 WIB, Mrs. M arrived at the clinic experiencing active, rhythmic uterine contractions and bloody show.

Stage I (Active Phase): Uterine contractions were adequate, occurring 4 times in 10 minutes lasting 40 seconds. A vaginal examination at 08:00 WIB indicated a cervical dilation of 7 cm, thin effacement, intact amniotic membranes, and a cephalic presentation at the Hodge II station. Supportive care included breathing exercises, emotional support, and continuous hydration.

Stage II (Expulsion): At 14:00 WIB, cervical dilation reached a complete 10 cm with spontaneous rupture of membranes. Assisted by protective perineal techniques, Mrs. M delivered a vigorous male infant spontaneously at 14:00 WIB with an intact perineum (no lacerations or tears).

Stage III & IV (Placental & Postpartum Period): Active Management of the Third Stage (AMTS) was delivered immediately. The placenta was expelled completely within 15 minutes with all cotyledons intact, and total blood loss was physiological at approximately 150 cc. Uterine tone remained firm during the 2-hour postpartum monitoring window, with the TFU measuring 2 fingers below the umbilicus and stable maternal vitals.

3.3 Postnatal Care (PNC) and Newborn Care Neonatal Care: The male infant

was born full-term, crying strongly with active tone, and weighed 3,800 grams with

no congenital anomalies. Immediate newborn care interventions—such as hypothermia prevention, Initial Breastfeeding (IMD) for 1 hour, intramuscular Vitamin K1 injection, and prophylactic eye ointment—were successfully given.

Maternal Postpartum Care: Throughout the scheduled postnatal visits, Mrs. M exhibited an appropriate uterine involution process. The lochia transitioned normally from rubra to serosa without any foul odor or signs of infection. Mrs. M also demonstrated correct latching adjustments and maintained exclusive breastfeeding successfully.

3.4 Family Planning (KB) Service

During the late postpartum period, comprehensive contraceptive counseling was provided regarding available hormonal and non-hormonal family planning methods. After discussing the parameters for exclusive breastfeeding, the couple decided on a tailored contraceptive method that safely supports birth spacing without impacting natural milk production.

Discussion

4.1 Antenatal Care (ANC)

The third-trimester prenatal care provided to Mrs. M focused on monitoring fetal growth and managing physiological discomforts. The maternal fatigue reported at 34 weeks of gestation is a common physiological occurrence caused by increased metabolic demand, circulatory workload, and weight gain during late pregnancy. The midwifery intervention—consisting of dietary modifications, adequate rest patterns, and routine iron (Fe) supplementation—successfully managed the complaint and maintained a stable hemoglobin level of 12.5 g%, effectively mitigating the risk of gestational anemia. Furthermore, advising the patient on pelvic-opening exercises

using a birthing ball at 38 weeks and 4 days contributed significantly to the successful engagement of the fetal head into the pelvic inlet (divergent), establishing optimal conditions for a normal, spontaneous delivery.

4.2 Intranatal Care (INC)

Mrs. M's labor progressed efficiently within normal physiological timeframes. During Stage I, the application of compassionate midwifery care—such as promoting upright, comfortable positions, encouraging hydration, and practicing deep-breathing relaxation techniques—helped minimize labor pain, optimize uterine contractions, and prevent maternal exhaustion.

Stage II culminated in a successful spontaneous cephalic delivery. A key outcome of this phase was the preservation of an intact perineum. By implementing standard hands-on techniques to control the extension of the fetal head during expulsion and avoiding unnecessary episiotomy, perineal lacerations were prevented entirely. This minimized the patient's risk of postpartum pain, excessive blood loss, and subsequent pelvic floor dysfunction.

In Stage III and IV, the execution of Active Management of the Third Stage (AMTS)—including the timely administration of 10 IU intramuscular oxytocin immediately after birth, controlled cord traction, and immediate uterine massage—ensured a prompt, complete placental expulsion within 15 minutes. This strict adherence to clinical standards kept postpartum blood loss at a safe, physiological volume of 150 cc, directly addressing the

prevention of postpartum hemorrhage, which remains a leading cause of maternal mortality in Subulussalam City.

4.3 Postnatal Care (PNC) and Newborn Care

The immediate implementation of Early Essential Newborn Care (EENC), specifically the 1-hour Initial Breastfeeding Initiation (IMD), proved highly beneficial. Mechanistically, skin-to-skin contact successfully stabilized the infant's thermoregulation and prevented neonatal hypothermia, while early suckling stimulated the maternal hypothalamus to release natural oxytocin and prolactin.

Throughout the subsequent postnatal care (KF) visits, this hormonal synergy was evidenced by an optimal uterine involution process (where the fundal height decreased appropriately daily) and a normal lochia transition from rubra to serosa without any signs of subinvolution or secondary infection. Guidance on proper positioning and latching also prevented common breastfeeding complications, such as nipple soreness or breast engorgement, enabling Mrs. M to maintain exclusive breastfeeding seamlessly.

4.4 Family Planning (KB) Service

Providing comprehensive contraceptive counseling during the late postpartum phase respects the patient's reproductive rights and supports informed choice. For a lactating mother like Mrs. M, selecting a contraceptive method that does not contain estrogen is vital, as estrogen can suppress prolactin levels and decrease breast milk volume. The couple's selection of a tailored, breastfeeding-safe contraceptive method represents an optimal choice for postpartum family planning, as it ensures reliable birth spacing to support maternal health recovery while fully safeguarding the infant's nutritional intake via uninterrupted exclusive breastfeeding.

Conclusion And Suggestion

Conclusion

The comprehensive midwifery care provided to Mrs. M at PMB Tri Hasanah, Subulussalam City in 2026, was successfully implemented across all reproductive lifecycle phases without any pathological complications. Antenatal monitoring effectively managed physiological third-trimester discomforts and prepared the patient physically and psychologically for childbirth. The intranatal phase progressed normally, culminating in a spontaneous cephalic delivery of a healthy, full-term newborn weighing 3,800 grams, achieved alongside complete perineal preservation (an intact perineum). Strict compliance with the Active Management of the Third Stage (AMTS) successfully limited postpartum blood loss to a physiological volume of 150 cc. Furthermore, postpartum recovery, neonatal adaptation, and the adoption of a lactation-compliant family planning method were completed optimally, highlighting that a continuous Continuum of Care framework significantly safeguards maternal and neonatal health while minimizing regional reproductive risks.

Suggestions

For the Midwifery Practice (PMB Tri Hasanah):

It is highly recommended to maintain and further improve the quality of comprehensive care (Continuum of Care) by consistently applying evidence-based midwifery standards, such as utilizing birthing gym balls for pelvic optimalization and enforcing

standard perineal protection techniques to prevent lacerations. For the Patient and Family:

The patient and her family are encouraged to sustain the positive health outcomes achieved by continuing exclusive breastfeeding for up to six months, maintaining proper infant care, adhering to the selected family planning method for optimal birth spacing, and attending routine infant growth monitoring at local healthcare facilities.

For Educational Institutions (Akbid Medica Bakti Persada):

It is suggested that the institution continue promoting and facilitating field-based comprehensive care case studies for students. This practical approach is vital to strengthening students' clinical competencies, critical thinking, and mastery of Varney's management method before entering professional practice.

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