

COMPREHENSIVE MIDWIFERY CARE FOR MRS. E USING THE CONTINUITY OF CARE APPROACH AT TRI HASANAH INDEPENDENT MIDWIFERY PRACTICE, SUBULUSSALAM CITY

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ABSTRACT

Background: Maternal and neonatal health remains a major global public health concern despite significant improvements in maternal healthcare services. The World Health Organization (WHO) reported that approximately 287,000 women died from pregnancy- and childbirth-related complications in 2023, with anemia remaining one of the most common indirect causes contributing to adverse maternal outcomes. Comprehensive and continuous midwifery services through the Continuity of Care (CoC) approach are essential to ensure early detection of pregnancy complications and improve maternal and neonatal health outcomes. **Objectives:** This study aimed to describe the implementation of comprehensive midwifery care using the Continuity of Care approach for Mrs. E at Tri Hasanah Independent Midwifery Practice, Subulussalam City, from pregnancy until family planning. **Methods:** This study employed a descriptive case study design. Data were collected through interviews, physical examinations, observation, laboratory examinations, and documentation. Midwifery care was provided according to Helen Varney's Seven-Step Midwifery Management Process and documented using the SOAP format. Comprehensive care included antenatal care, intrapartum care, postpartum care, newborn care, and family planning services. **Results:** The implementation of comprehensive midwifery care demonstrated that Mrs. E experienced a physiological pregnancy without obstetric complications. During the third trimester, the mother reported mild fatigue, which was managed successfully through health education regarding adequate rest, balanced nutrition, and compliance with iron supplementation. Labor occurred spontaneously at term with a normal vaginal delivery. The newborn adapted well after birth, postpartum recovery progressed normally, breastfeeding was successfully established, and family planning counseling enabled the mother to choose an appropriate contraceptive method according to her reproductive needs. **Conclusions:** The Continuity of Care approach provided comprehensive monitoring throughout pregnancy, childbirth, postpartum, newborn care, and family planning. Continuous midwifery services facilitated early identification of maternal needs, promoted adherence to health education, prevented pregnancy-related complications, and contributed to positive maternal and neonatal outcomes.

Keywords: Continuity of Care; Comprehensive Midwifery Care; Pregnancy; Postpartum; Newborn; Family Planning

INTRODUCTION

Maternal and neonatal health remains one of the major priorities in achieving the Sustainable Development Goals (SDGs), particularly Goal 3, which aims to ensure healthy lives and promote well-being for all at all ages. Despite remarkable progress in maternal healthcare over recent decades, maternal and neonatal mortality continue to pose significant public health challenges worldwide. According to the World Health Organization (WHO), approximately 287,000 women died due to complications related to pregnancy and childbirth in 2023, while nearly 2.3 million newborns died during the neonatal period. Most of these deaths were preventable through timely, comprehensive, and evidence-based maternal healthcare services.

In Indonesia, maternal and neonatal health continues to receive serious attention from the Ministry of Health. The Indonesia Health Profile 2024 reported that maternal mortality is still primarily caused by postpartum hemorrhage, hypertensive disorders during pregnancy, and infections. In addition, maternal nutritional problems, particularly iron deficiency anemia, remain highly prevalent among pregnant women and contribute substantially to adverse pregnancy outcomes such as preterm birth, low birth weight, postpartum hemorrhage, fetal growth restriction, and increased maternal morbidity. These conditions emphasize the importance of strengthening antenatal care services through routine maternal assessments, nutritional counseling, and compliance with iron supplementation.

Pregnancy is a normal physiological process; however, it requires continuous monitoring because physiological adaptations may develop into pathological conditions if not appropriately managed. During pregnancy, women experience various anatomical, hormonal, metabolic, and psychological changes that increase nutritional requirements, especially iron. Iron deficiency is one of the most common nutritional disorders during pregnancy because maternal blood volume increases by approximately 40–50%, resulting in higher iron demands for fetal growth, placental development, and expansion of maternal red blood cells. Therefore, pregnant women are recommended to consume at least 90 iron tablets throughout pregnancy as part of the national antenatal care program.

One strategy recommended by the World Health Organization to improve maternal and neonatal outcomes is the implementation of the **Continuity of Care (CoC)** model. Continuity of Care refers to integrated and continuous healthcare services provided by the same healthcare professional from pregnancy, childbirth, postpartum, newborn care, until family planning. This approach allows healthcare providers to establish effective communication with mothers, identify potential complications at an early stage, provide timely interventions, and improve maternal satisfaction with healthcare services. Continuous care also strengthens mothers' understanding regarding nutrition, danger signs during pregnancy, breastfeeding, newborn care, and postpartum family planning.

Several previous studies have demonstrated that the Continuity of Care model significantly improves maternal and neonatal outcomes. Women receiving continuous midwifery care are more likely to attend regular antenatal visits, comply with iron

supplementation, experience fewer obstetric interventions, initiate breastfeeding earlier, and report higher satisfaction with maternity services. Furthermore, comprehensive midwifery care

facilitates early detection of maternal complications and promotes appropriate referral when necessary, thereby reducing preventable maternal and neonatal morbidity. Tri Hasanah Independent Midwifery Practice in Subulussalam City is one of the community-based maternity service providers implementing comprehensive maternal healthcare according to the Continuity of Care approach. Mrs. E, a 27-year-old multigravida (G2P1A0), received comprehensive midwifery care beginning in the third trimester of pregnancy until the postpartum period and family planning services. During pregnancy, the client experienced physiological discomforts, including mild fatigue, which required comprehensive assessment, counseling, nutritional management, and continuous monitoring to prevent further complications.

Although many studies have evaluated the effectiveness of Continuity of Care in improving maternal health outcomes, reports describing its implementation through detailed midwifery case studies in independent midwifery practices in Subulussalam City remain limited. Documenting comprehensive midwifery care based on Helen Varney's Seven-Step Midwifery Management Process provides valuable evidence regarding the application of evidence-based maternity care at the primary healthcare level.

METHODS

This study employed a descriptive case study design using the Continuity of Care (CoC) approach to provide comprehensive midwifery care for one client throughout pregnancy, childbirth, postpartum, newborn care, and family planning. The study was conducted at Tri Hasanah Independent Midwifery Practice, Subulussalam City, Aceh Province, Indonesia, from April to August 2026. The subject of this case study was Mrs. E, a 27-year-old multigravida (G2P1A0) who was in the third trimester of pregnancy (34 weeks and 3 days of gestation) at the beginning of care. The client was selected using a purposive sampling technique based on the following inclusion criteria: willingness to participate in the study, singleton pregnancy, physiological pregnancy without major obstetric complications at the first visit, and completion of all scheduled maternal and neonatal care visits until the family planning period. Written informed consent was obtained before data collection.

Data were collected from both primary and secondary sources. Primary data were obtained through structured interviews, direct observation, comprehensive physical examinations, obstetric examinations using Leopold maneuvers, fetal heart rate monitoring, assessment of maternal vital signs, anthropometric measurements, and routine follow-up during each visit. Supporting laboratory examinations, including hemoglobin level, urine protein, and urine glucose tests, were also performed to assess maternal health status. Secondary data were collected from the Maternal and Child Health (MCH) Handbook, antenatal care records, laboratory reports, and other relevant medical documents available at the independent midwifery practice.

Midwifery care was implemented according to Helen Varney's Seven-Step Midwifery Management Process, which includes data collection, identification of actual diagnoses and problems, identification of potential problems and anticipated complications, determination of

immediate needs, development of comprehensive care planning, implementation of evidence-based interventions, and evaluation of care outcomes. All clinical findings and interventions were documented using the SOAP (Subjective, Objective, Assessment, and Plan)

documentation format in accordance with the standards of the Indonesian Midwives Association (IBI). Comprehensive care was provided continuously throughout the continuum of maternal care. During pregnancy, antenatal services included maternal and fetal assessments, nutritional counseling, monitoring of iron tablet compliance, health education regarding pregnancy danger signs, birth preparedness, and promotion of healthy lifestyle practices. During labor, care was provided according to the Normal Childbirth Care (Asuhan Persalinan Normal/APN) guidelines, including continuous monitoring of labor progress, infection prevention, active management of the third stage of labor, and immediate newborn care. Postpartum care focused on monitoring uterine involution, maternal vital signs, lochia, breastfeeding adaptation, nutritional status, and early identification of postpartum complications. Newborn care included assessment of neonatal adaptation, thermoregulation, umbilical cord care, exclusive breastfeeding support, counseling on neonatal danger signs, and routine neonatal monitoring. Family planning counseling was subsequently provided to assist the mother in selecting an appropriate contraceptive method based on her reproductive intentions and medical eligibility.

The data obtained throughout each stage of care were analyzed descriptively by comparing the clinical findings with the Indonesian National Midwifery Care Standards, the Ministry of Health of the Republic of Indonesia Guidelines, the World Health Organization (WHO) recommendations on maternal and newborn care, and other relevant evidence-based references. The findings were presented narratively to describe the implementation of comprehensive midwifery care and evaluate maternal and neonatal outcomes achieved through the Continuity of Care approach. This study was conducted in accordance with ethical principles, including respect for autonomy, confidentiality, beneficence, and non-maleficence. The client's identity was anonymized by using initials throughout the manuscript, and all information obtained was used exclusively for academic and scientific purposes.

RESULTS AND DISCUSSIONS

Comprehensive midwifery care using the Continuity of Care (CoC) approach was successfully implemented for Mrs. E from the third trimester of pregnancy through childbirth, postpartum, newborn care, and family planning at Tri Hasanah Independent Midwifery Practice, Subulussalam City. Throughout the continuum of care, the client remained in good general condition without significant maternal or neonatal complications.

At the first antenatal visit, Mrs. E was 27 years old, G2P1A0, with a gestational age of 34 weeks and 3 days. The client complained of mild fatigue and increased frequency of urination at night. These complaints are common physiological discomforts during the third trimester caused by hormonal changes, fetal growth, and increased pressure of the uterus on the bladder. Physical examination revealed stable vital signs, including blood pressure of 120/70 mmHg, pulse rate of 80 beats per minute, respiratory rate of 22 breaths per minute, and body temperature of 36°C. Nutritional assessment showed a Mid-Upper Arm Circumference (MUAC) of 34 cm with an appropriate pregnancy weight gain from 58 kg to 70 kg. Obstetric

examination demonstrated a fundal height of 35 cm, cephalic presentation, right fetal back position, and a regular fetal heart rate of 146 beats per minute, indicating normal fetal growth and wellbeing.

Supporting laboratory examinations revealed a hemoglobin level of 11 g/dL, while urine protein and urine glucose tests were negative. These findings indicate that Mrs. E did not experience anemia or signs of hypertensive disorders during pregnancy. The mother was advised to continue consuming iron tablets regularly, maintain a balanced diet rich in iron and protein, obtain adequate rest, and attend routine antenatal visits according to the national antenatal care guidelines.

The implementation of antenatal care emphasized health education and counseling as integral components of the Continuity of Care model. Education included pregnancy danger signs, nutritional requirements, personal hygiene, birth preparedness, exclusive breastfeeding, and the importance of family support during pregnancy. The client demonstrated good compliance with the recommendations provided by the midwife, particularly regarding iron tablet consumption and routine pregnancy examinations.

The childbirth process occurred spontaneously at term and progressed normally without obstetric complications. Labor was monitored using the Normal Childbirth Care (Asuhan Persalinan Normal/APN) standards, including continuous assessment of maternal and fetal conditions. Active Management of the Third Stage of Labor (AMTSL) was performed successfully to minimize the risk of postpartum hemorrhage.

Both the mother and newborn remained stable throughout the delivery process, and no emergency interventions or referrals were required. Immediately after birth, the newborn showed good adaptation to extrauterine life, characterized by spontaneous crying, active movement, normal skin color, and effective initiation of breastfeeding. Early Breastfeeding Initiation (EBI) was successfully performed, facilitating maternal-infant bonding and promoting exclusive breastfeeding. Routine newborn care, including thermoregulation, umbilical cord care, vitamin K administration, and hepatitis B immunization, was provided according to national recommendations.

During the postpartum period, maternal recovery progressed physiologically. Uterine involution occurred appropriately, lochia changed according to the normal postpartum stages, and no excessive bleeding or signs of infection were observed. Breastfeeding was established successfully, and the mother reported adequate milk production without significant breastfeeding difficulties. Counseling regarding postpartum nutrition, personal hygiene, newborn care, exclusive breastfeeding, and postpartum danger signs was reinforced during every follow-up visit.

CONCLUSIONS

The implementation of comprehensive midwifery care using the Continuity of Care (CoC) approach for Mrs. E at Tri Hasanah Independent Midwifery Practice was successfully carried out from pregnancy, childbirth, postpartum, newborn care, to family planning.

Throughout the continuum of care, both the mother and newborn remained in good health without significant obstetric or neonatal complications.

Continuous monitoring, comprehensive maternal assessment, nutritional counseling, adherence to iron supplementation, health education, and evidence-based midwifery interventions contributed to maintaining normal maternal physiological conditions and supporting positive maternal and neonatal outcomes. The Continuity of Care approach also strengthened communication between the midwife and the client, facilitated early identification of potential health problems, and improved maternal readiness for childbirth, breastfeeding, newborn care, and family planning.

Therefore, the Continuity of Care model is recommended as an effective strategy to improve the quality of maternal and child health services at the primary healthcare level. Further studies involving larger populations and multiple healthcare settings are recommended to strengthen the evidence regarding the effectiveness of comprehensive midwifery care in improving maternal and neonatal health outcomes.

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CONFLICT OF INTEREST AND FUNDING DISCLOSURE

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AUTHOR CONTRIBUTIONS

ES: Conceptualization, investigation, data collection, methodology, writing – original draft.

RNA: Supervision, validation, writing – review and editing.

RN: Investigation, formal analysis, and visualization.

FB: Data curation, supervision, writing – review and editing.

RB: Supervision, methodology validation, and final manuscript review.

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