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MANAGEMENT OF MIDWIFERY CARE IN TRANSVERSE LIE PREGNANCY AT SARFINA CLINIC IN 2026

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ABSTRACT

Background: Transverse lie is one of the abnormal fetal presentations that may increase the risk of maternal and neonatal complications during labor, including obstructed labor, umbilical cord prolapse, uterine rupture, and postpartum hemorrhage. Early detection and appropriate management are essential to prevent adverse outcomes. **Objectives**: This study aimed to describe the implementation of midwifery care for Mrs. S with a transverse lie pregnancy at Sarfina Sembiring Clinic in 2026. **Methods**: A case study design was employed using Varney's Midwifery Management Approach. Data were collected through anamnesis, physical examination, obstetric examination using Leopold maneuvers, observation, and medical record review. **Results**: The examination revealed that the fetal head and buttocks were located on opposite sides of the maternal abdomen, with no presenting part entering the pelvic inlet, indicating a transverse lie presentation. Midwifery care included maternal and fetal monitoring, health education, counseling regarding pregnancy danger signs, psychological support, and referral for delivery management. The patient and family demonstrated a good understanding of the pregnancy condition and agreed to the referral recommendation. **Conclusions**: Comprehensive midwifery care enabled early identification of transverse lie presentation and facilitated timely referral for appropriate delivery management. Early detection, effective counseling, and referral are important strategies to reduce the risk of complications and improve maternal and neonatal outcomes.

Keywords: Antenatal Care; Midwifery Management; Maternal Health; Referral; Transverse Lie

INTRODUCTION

Pregnancy is a physiological process that begins with conception and ends with childbirth. Although most pregnancies progress normally, several complications may occur during pregnancy and labor, posing risks to both maternal and fetal health. One of the obstetric complications that requires special attention is fetal malpresentation, including transverse lie presentation. Transverse lie occurs when the fetal longitudinal axis lies perpendicular to the maternal longitudinal axis, preventing the presenting part from entering the pelvic inlet and increasing the risk of labor complications(Yenni, 2022).

Maternal mortality remains a major global health concern. According to the World Health Organization (WHO), approximately 260,000 women died from pregnancy and childbirth-related complications worldwide in 2023. Many of these deaths were associated with preventable obstetric complications that could be reduced through quality maternal healthcare services, early detection of risk factors, and timely referral systems. Abnormal fetal presentations, including transverse lie, contribute to increased maternal and neonatal morbidity due to their association with obstructed labor and emergency obstetric conditions(WHO, 2020).

In Indonesia, maternal health remains a national priority. The Ministry of Health of the Republic of Indonesia continues to strengthen antenatal care services, early risk screening, and referral systems to reduce maternal and neonatal mortality. Data from the Indonesian Health Survey (SKI) 2023 emphasized the importance of improving access to quality maternal healthcare services and strengthening the continuity of care for high-risk pregnancies. Early identification of pregnancy complications during antenatal visits is essential to ensure timely intervention and referral(Kemenkes, 2020).

Transverse lie is one of the abnormal fetal presentations that may lead to severe complications if not properly managed. According to Manuaba (2021), transverse lie increases the risk of obstructed labor, umbilical cord prolapse, uterine rupture, postpartum hemorrhage, and fetal distress. Therefore, early diagnosis and appropriate management are necessary to improve maternal and neonatal outcomes(Diana, 2025).

Previous studies have reported the importance of antenatal care in detecting abnormal fetal presentations. Letari reported that comprehensive antenatal examinations facilitated the identification of transverse lie during the third trimester, enabling healthcare providers to develop an appropriate birth plan. Similarly found that routine antenatal care significantly contributed to the early detection of pregnancy complications and improved referral outcomes(Fara, 2023).

Midwives play a critical role in providing comprehensive maternal healthcare through assessment, monitoring, education, counseling, and referral. In cases of transverse lie pregnancy, appropriate midwifery care is essential to ensure maternal and fetal safety. Timely referral to facilities with comprehensive obstetric services is recommended when the condition persists near term or when labor is imminent(Idris & Sari, 2023).

Despite existing maternal health programs and referral systems, cases of transverse lie continue to be encountered in clinical practice. Therefore, documenting and analyzing midwifery management in such cases remains important to support evidence-based practice and improve the quality of maternal healthcare services(Septiana, 2021).

Based on the background above, the research problem of this study is: "How was the implementation of midwifery care management for Mrs. S with transverse lie pregnancy at Sarfina Sembiring Clinic in 2026?" The objective of this study was to describe the implementation of comprehensive midwifery care management for Mrs. S with transverse lie pregnancy, including assessment, intervention, education, and referral. The findings of this study are expected to contribute to the development of evidence-based midwifery practice and improve the quality of maternal healthcare services, particularly in the management of high-risk pregnancies(Nurzadeh, 2024).

METHODS

This study employed a descriptive case study design to describe the implementation of midwifery care management for Mrs. S with a transverse lie pregnancy at Sarfina Sembiring Clinic in 2026. A case study approach was chosen to provide an in-depth understanding of the patient's condition, the midwifery interventions implemented, and the outcomes achieved during the care process.The study participant was one pregnant woman, Mrs. S, who was diagnosed with a transverse lie pregnancy based on obstetric examination findings. The study was conducted at Sarfina Sembiring Clinic in 2026. The participant was selected using purposive sampling based on the criteria of having a transverse lie pregnancy and willingness to participate in the case study.

Data were collected through anamnesis interviews, observation, physical examination, obstetric examination using Leopold maneuvers, and review of the patient's medical records. The instruments used included a midwifery assessment form, observation sheets, a sphygmomanometer, a stethoscope, a thermometer, a measuring tape, a fetal Doppler or fetoscope, and the patient's medical records. The collected data consisted of patient characteristics, medical and obstetric history, physical and obstetric examination findings, midwifery diagnoses, interventions provided, and evaluation outcomes.

Data analysis was conducted using Varney's Midwifery Management Approach, which consists of seven steps: data collection, data interpretation, identification of actual and potential problems, identification of immediate needs, planning, implementation, and evaluation. The findings were then compared with relevant theories and previous studies to assess the consistency of the provided care with evidence-based midwifery practice.

Ethical principles were applied throughout the study, including respect for patient autonomy, confidentiality, and the use of data solely for academic purposes. The patient's identity was anonymized using initials to protect privacy and confidentiality. Informed consent was obtained from the participant before data collection and case study implementation.

RESULTS DISCUSSIONS

Table 1. Characteristics and Examination Findings of Mrs. S

Variable	Findings
Initials	Mrs. S
Age	20 years
Gravida/Para/Abortus	G1P0A0
Gestational Age	39 weeks
Blood Pressure	110/70mmHg
Pulse Rate	84 beats/minute
Respiratory Rate	20 breaths/minute
Temperature	36,5°C
Fetal Heart Rate	144 beats/minute
Leopold Examination	Fetal head and buttocks palpated on opposite sides of the abdomen
Presenting Part	No presenting part entered the pelvic inlet
Diagnosis	Transverse Lie Pregnancy

DISCUSSIONS

Based on the examination findings, Mrs. S was diagnosed with a transverse lie pregnancy. The fetal head and buttocks were palpated on opposite sides of the maternal abdomen, and no presenting part entered the pelvic inlet. Maternal vital signs and fetal heart rate were within normal limits, indicating that both the mother and fetus were in stable condition during assessment.

The findings are consistent with those reported by lestari, who described transverse lie as a condition in which the fetal longitudinal axis lies perpendicular to the maternal longitudinal axis. This condition prevents the presenting part from entering the pelvic inlet and may interfere with the normal mechanism of labor. If not managed appropriately, transverse lie can increase the risk of maternal and neonatal complications(Diana, 2025).

Although maternal and fetal conditions remained stable, transverse lie pregnancy is categorized as a high-risk pregnancy.Stated that transverse lie may lead to obstructed labor, umbilical cord prolapse, uterine rupture, postpartum hemorrhage, and increased maternal and neonatal morbidity and mortality. Therefore, early detection during antenatal care is essential to prevent adverse outcomes(Fara, 2023).

Midwifery care provided in this case included comprehensive assessment, maternal and fetal monitoring, health education, counseling regarding danger signs of pregnancy, and psychological support. These interventions aimed to improve maternal understanding and prepare the patient for appropriate delivery management. The care provided was in accordance with the principles of comprehensive midwifery care and evidence-based practice.A major finding of this case was the referral of Mrs. S for delivery management. The referral was performed because the fetus remained in a transverse lie position, which significantly increases the risk of complications during labor. According to the Ministry of Health of the Republic of Indonesia, abnormal fetal presentation, including transverse lie, is an indication for referral to a healthcare facility with comprehensive obstetric and neonatal services. Early referral reduces the likelihood of emergency obstetric conditions and improves maternal and fetal safety(Alkhilyatul, 2024).

The successful referral process was supported by effective communication and counseling provided by the midwife. Following education regarding the pregnancy condition and possible complications, the patient and her family agreed to continue care at a referral facility. This finding is supported by Idris and Sari, who reported that adequate antenatal counseling improves maternal understanding and compliance with healthcare recommendations(Tri, 2021).

The strength of this study lies in its comprehensive description of midwifery care management for a patient with transverse lie pregnancy, particularly regarding early detection and referral. However, this study is limited by the use of a single case study design, which limits the generalizability of the findings. Further studies involving larger populations are needed to provide stronger evidence regarding the management of transverse lie pregnancies(Lety, 2021).

CONCLUSIONS

The implementation of midwifery care management for Mrs. S with a transverse lie pregnancy at Sarfina Sembiring Clinic in 2026 was carried out comprehensively through assessment, physical and obstetric examinations, diagnosis, intervention, counseling, and evaluation. The examination findings revealed that the fetus was in a transverse lie position, characterized by the fetal head and buttocks being located on opposite sides of the maternal abdomen and the absence of a presenting part entering the pelvic inlet.

Comprehensive midwifery care enabled early identification of the abnormal fetal position and facilitated appropriate management. The interventions provided included maternal and fetal monitoring, health education, counseling regarding pregnancy danger signs, psychological support, and referral planning. Based on the assessment findings and the potential risks associated with transverse lie pregnancy, referral for delivery management was considered the most appropriate intervention to ensure maternal and fetal safety.

The findings of this case demonstrate the important role of midwives in the early detection and management of high-risk pregnancies. Timely assessment, effective communication, and appropriate referral contributed to the prevention of potential obstetric complications and supported the continuity of maternal healthcare services.

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