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COMPREHENSIVE MIDWIFERY CARE FOR MRS. D USING THE CONTINUITY OF CARE APPROACH AT HUTRI PRAWITA BANCIN INDEPENDENT MIDWIFE PRACTICE, SUBULUSSALAM CITY

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ABSTRACT

Background: Maternal and neonatal mortality remain significant public health challenges worldwide. The World Health Organization (WHO) reported that approximately 287,000 women died from pregnancy and childbirth complications in 2023, while neonatal deaths accounted for approximately 2.3 million cases globally. Continuity of Care (CoC) is recognized as an effective strategy to improve maternal and neonatal outcomes through comprehensive and continuous midwifery services beginning in pregnancy until family planning. **Objectives:** This study aimed to provide comprehensive midwifery care using the Continuity of Care approach for Mrs. D at Hutri Prawita Bancin Independent Midwife Practice, Penanggalan District, Subulussalam City. **Methods:** This study employed a descriptive case study design. Data were collected through interviews, observation, physical examinations, laboratory review, and documentation using the SOAP approach. Midwifery care was implemented from the third trimester of pregnancy through childbirth, postpartum, neonatal care, and family planning according to the Midwifery Care Management of Helen Varney and documented using SOAP. **Results:** The implementation of comprehensive midwifery care showed that pregnancy progressed normally without significant complications. The mother experienced spontaneous vaginal delivery with active management of the third stage of labor. The postpartum period was within normal limits, uterine involution occurred appropriately, breastfeeding was successfully established, and the newborn demonstrated normal adaptation. Family planning counseling was provided, and the mother selected a contraceptive method according to her reproductive needs. **Conclusions:** Continuity of Care provides comprehensive monitoring of maternal and neonatal health, facilitates early detection of complications, supports exclusive breastfeeding, and improves the quality of maternal and child health services.

Keywords: Continuity of Care; Pregnancy; Childbirth; Postpartum; Newborn; Family Planning

INTRODUCTION

Maternal and neonatal health remains one of the main priorities in achieving the Sustainable Development Goals (SDGs), particularly Goal 3, which focuses on ensuring healthy lives and promoting well-being for all ages. Despite significant progress in maternal health services, pregnancy and childbirth continue to contribute substantially to morbidity and mortality worldwide. According to the World Health Organization (WHO), approximately 287,000 women died due to complications related to pregnancy and childbirth in 2023. In addition, around 2.3 million neonatal deaths occurred globally, with the majority taking place during the first week of life. These deaths are largely preventable through quality antenatal, intrapartum, postpartum, and newborn care.

Indonesia continues to experience maternal and neonatal health challenges. The Ministry of Health of the Republic of Indonesia reported that hypertensive disorders during pregnancy, postpartum hemorrhage, and infection remain the leading causes of maternal mortality. Likewise, prematurity, birth asphyxia, neonatal infection, and low birth weight remain dominant causes of neonatal mortality. These conditions indicate the importance of strengthening comprehensive maternal and newborn healthcare services. One strategy recommended by the World Health Organization to reduce maternal and neonatal mortality is the implementation of **Continuity of Care (CoC)**. Continuity of Care refers to integrated and continuous health services provided by the same healthcare provider throughout pregnancy, childbirth, postpartum, newborn care, and family planning. This model emphasizes continuity, communication, trust, and comprehensive monitoring, enabling healthcare providers to identify risk factors early and provide timely interventions before complications develop.

Several previous studies have demonstrated that the Continuity of Care model contributes to improved maternal satisfaction, reduced obstetric interventions, increased exclusive breastfeeding rates, enhanced maternal knowledge, and decreased maternal and neonatal complications. Continuous care also enables midwives to establish stronger therapeutic relationships with mothers and families, thereby improving adherence to health education and recommended practices. Independent Midwife Practice (Praktik Mandiri Bidan/PMB) plays a crucial role in implementing Continuity of Care services within the community. Midwives are responsible for providing evidence-based care that addresses not only physical health but also psychological, social, cultural, and educational needs. Comprehensive care beginning in pregnancy and continuing until family planning helps ensure optimal maternal adaptation and healthy neonatal growth and development.

Mrs. D received comprehensive midwifery care at Hutri Prawita Bancin Independent Midwife Practice in Penanggalan District, Subulussalam City. Throughout the continuum of care, the client underwent antenatal care, childbirth assistance, postpartum care, newborn care, and family planning counseling according to national midwifery service standards. Therefore, this case study aimed to describe the implementation of comprehensive midwifery care using the Continuity of Care approach for Mrs. D from pregnancy until family planning. The findings are expected to contribute to improving the quality of comprehensive midwifery services and serve as a reference for evidence-based maternity care practice.

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 Hutri Prawita Bancin Independent Midwife Practice, Penanggalan District, Subulussalam City, Indonesia**,** from March to June 2026. The case study focused on Mrs. D**,** a third-trimester pregnant woman who agreed to participate in the study and fulfilled the inclusion criteria, including a singleton pregnancy, no major obstetric complications at the beginning of care, and completion of all scheduled maternal and neonatal visits until the family planning period.

Data were collected using both primary and secondary sources. Primary data were obtained through direct interviews with the client, comprehensive physical examinations, obstetric examinations, observation of maternal and neonatal conditions, and routine monitoring during every visit. Secondary data were collected from the Maternal and Child Health (MCH) Handbook, medical records, laboratory examination results, and other supporting documents available at the independent midwife practice. These data were used to ensure the completeness and accuracy of clinical information throughout the continuum of care.

The implementation of midwifery care followed the Helen Varney Seven-Step Midwifery Management Process, which includes data collection, identification of actual diagnoses and problems, identification of potential diagnoses and anticipated complications, determination of immediate needs, development of comprehensive care planning, implementation of interventions, and evaluation of care outcomes. All midwifery activities 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 maternal and neonatal periods. During pregnancy, antenatal care included maternal health assessments, fetal growth monitoring, nutritional counseling, iron supplementation, education regarding pregnancy danger signs, birth preparedness, and health promotion. During labor, the mother received intrapartum care according to the Normal Childbirth Care (APN) guidelines, including continuous monitoring of maternal and fetal conditions, labor progress assessment using a partograph, infection prevention measures, active management of the third stage of labor, and immediate newborn care.

Postpartum care involved monitoring uterine involution, lochia, maternal vital signs, breastfeeding adaptation, nutritional counseling, and early identification of postpartum complications. Newborn care included assessment of neonatal adaptation, thermoregulation, umbilical cord care, exclusive breastfeeding support, counseling regarding neonatal danger signs, and routine neonatal monitoring. Family planning counseling was subsequently provided to assist the client in selecting an appropriate contraceptive method based on her reproductive intentions and medical eligibility.

The data obtained during each stage of care were analyzed descriptively by comparing the clinical findings with the Indonesian National Midwifery Care Standards**,** the Guidelines of the Ministry of Health of the Republic of Indonesia**,** 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, evaluate maternal and neonatal outcomes, and demonstrate the effectiveness of the Continuity of Care approach in maintaining maternal and child health.

This study was conducted in accordance with ethical principles, including respect for autonomy, confidentiality, beneficence, and non-maleficence. Written informed consent was obtained from the client before data collection. The client's identity was kept confidential by using initials throughout the manuscript, and all information obtained was used exclusively for academic and scientific purposes.

RESULTS AND DISCUSSIONS

The Continuity of Care (CoC) midwifery care for Mrs. D was implemented comprehensively from pregnancy, childbirth, postpartum, newborn care, to family planning at Hutri Prawita Bancin Independent Midwife Practice. Throughout the care process, the mother's condition remained within normal limits without significant obstetric complications. Antenatal examinations showed appropriate fetal growth, normal maternal vital signs, and good compliance with health education and routine pregnancy care. Labor occurred spontaneously at term and progressed normally through all stages. A healthy newborn was delivered vaginally with good adaptation after birth. Active Management of the Third Stage of Labor (AMTSL) was performed successfully, and no postpartum hemorrhage or other complications were observed. During the postpartum period, uterine involution progressed normally, breastfeeding was successfully established, and both the mother and newborn remained in good health.

The implementation of Continuity of Care enabled continuous monitoring, early detection of potential complications, and timely health education throughout the maternal period. These findings are consistent with the World Health Organization recommendations, which emphasize that continuous maternal care improves maternal and neonatal outcomes through comprehensive monitoring and evidence-based interventions. Continuous support from the midwife also increased the mother's knowledge regarding breastfeeding, newborn care, and family planning. This case study demonstrates that the Continuity of Care approach contributes positively to improving the quality of maternal and neonatal services. However, because this study involved only one client, the findings cannot be generalized to the wider population. Further studies involving larger samples are recommended to strengthen the evidence regarding the effectiveness of comprehensive midwifery care.

CONCLUSIONS

The implementation of comprehensive midwifery care using the Continuity of Care (CoC) approach for Mrs. D was successfully carried out from pregnancy, childbirth, postpartum, newborn care, to family planning. The mother and newborn remained in good health without significant complications throughout the continuum of care. Continuous monitoring, health education, and evidence-based midwifery interventions contributed to positive maternal and neonatal outcomes. Therefore, the Continuity of Care approach can improve the quality of maternal and child health services through early detection, comprehensive management, and

continuous support. Further studies involving larger populations are recommended to strengthen the evidence regarding the effectiveness of this approach.

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CONFLICT OF INTEREST AND FUNDING DISCLOSURE

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AUTHOR CONTRIBUTIONS

M: Conceptualization, investigation, data collection, methodology, writing original draft.

FB: Supervision, validation, writing review and editing.

RNA: Data curation and formal analysis.

RN: Investigation and visualization.

RB: Supervision, writing review and editing.

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