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MIDWIFERY CARE MANAGEMENT FOR A LADY IN LABOR WITH BREAST PRESENTATION IN MRS. Y AT THE PRATAMA SARFINA SEMBIRING CLINIC 2025

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ABSTRACT

Background: Breech presentation is a fetal malposition that occurs in approximately 3–4% of term pregnancies and carries the risk of complications for both the mother and the baby. In Indonesia, the incidence of breech presentation is around 3.8–4% of all full-term pregnancies. This condition can increase the risk of neonatal asphyxia, umbilical cord prolapse, birth trauma, and postpartum hemorrhage, thus requiring appropriate and comprehensive midwifery care management. **Methods:** The purpose of this case study was to implement midwifery care management for a mother giving birth with breech presentation using the Helen Varney midwifery management approach and SOAP documentation. The subject in this case study was Mrs. Y, 32 years old, G3P2A0, 38–39 weeks' gestation who gave birth at the Sarfina Sembiring Primary Clinic in 2025. The method used was a case study with data collection through history taking, physical examination, observation, and documentation during the labor process. **Results:** The results of care showed that the condition of the mother and fetus was good during the labor process. Monitoring was carried out periodically on vital signs, fetal heart rate, uterine contractions, and labor progress using a partograph. Labor proceeded well without complications. The baby was born with a weight of 3,400 grams, a body length of 49 cm, cried loudly, moved actively, had a reddish skin color, and obtained an APGAR score of 10 in the first and fifth minutes. Stages III and IV progressed normally without bleeding or trauma to the birth canal. The implementation of systematic, comprehensive, and standardized midwifery care management can support successful delivery and prevent complications for the mother and baby.**Conclusions:** Health workers are expected to improve early detection of breech presentation through regular antenatal checks, conduct close monitoring during labor, and provide education to pregnant women and families about danger signs of pregnancy and labor to minimize the risk of maternal and neonatal complications.

Keywords: Breech presentation, Childbirth, Midwifery care

INTRODUCTION

Breech presentation is a form of fetal malpresentation, a condition in which the fetus's buttocks or feet are lower in the uterus, making them the first to enter the birth canal. According to the World Health Organization (WHO), breech presentation occurs in approximately 3–4% of full-term pregnancies. In Indonesia, the incidence of breech presentation is around 3.8–4% of all term pregnancies. Although relatively small, this condition carries a high risk of maternal and neonatal complications, such as umbilical cord prolapse, neonatal asphyxia, birth trauma, prolonged labor, and postpartum hemorrhage.(Morris, Geraghty and Sundin, 2022)

Various factors can contribute to breech presentation, including multiparity, prematurity, multiple pregnancies, placenta previa, uterine abnormalities, and abnormal amniotic fluid levels. Therefore, early detection through quality antenatal care is crucial for establishing a safe delivery plan for both mother and fetus.(Gynecologists, 2022)

Midwives play a crucial role in providing comprehensive midwifery care in cases of breech presentation through assessment, diagnosis, identification of potential problems, planning, implementation, and evaluation of care in accordance with standards of midwifery practice. The implementation of appropriate midwifery management is expected to reduce the risk of complications and improve the safety of both mother and baby.(Id *et al.*, 2024)

This case report aims to describe the implementation of midwifery care management for Mrs. Y, 32 years old, G3P2A0, with a breech presentation at the Sarfina Sembiring Primary Clinic in 2025, using the Helen Varney midwifery management approach and SOAP documentation.(Berhan and Haileamlak, 2023)

METHODS

This research used a case study method with a midwifery care management approach. The subject was one woman giving birth, Mrs. Y, 32 years old, G3P2A0, 38–39 weeks gestation with a breech presentation, who received care at the Sarfina Sembiring Primary Clinic in 2025.

The purpose of this study was to describe the implementation of comprehensive midwifery care management for women giving birth with a breech presentation. Data were collected through history taking, observation, physical examination, obstetric examination, and documentation review.(Nurmawan *et al.*, 2023) Midwifery care was provided using Helen Varney's seven steps of midwifery management, which include assessment, data interpretation, identification of diagnoses or potential problems, immediate action, planning, implementation, and evaluation. Documentation was conducted using the SOAP (Subjective, Objective, Assessment, Planning) method.

Research achievements were assessed based on the successful implementation of midwifery care during labor, the condition of the mother and baby after delivery, and the absence of complications that could endanger the mother or baby. Care outcomes were evaluated through monitoring of the mother's condition, labor progress, and the condition of the newborn.(Sibagariang and Laia, 2025)

RESULTS AND DISCUSSIONS

The results of a case study based on the application of Helen Varney's 7-step Midwifery Management on Mrs. Y, 32 years old, G3P2A0, 38–39 weeks' gestation with a breech presentation, indicate that during the assessment phase, the mother complained of abdominal pain radiating to the waist, accompanied by bloody mucus discharge.(Ester Simanullang, 2023) The examination results indicated a good general condition of the mother, with vital signs within normal limits, a fetal heart rate of 144 beats/minute, and a single, viable intrauterine fetus in a breech presentation. Based on the data interpretation, the obstetric diagnosis was established: Mrs. Y, G3P2A0, 38–39 weeks' gestation, was in the active phase of the first stage of labor with a breech presentation, and the mother and fetus were in good condition.(Gj *et al.*, 2025)

These findings align with the theory in Varney's Midwifery, which states that successful management of a breech presentation is strongly influenced by appropriate assessment, continuous monitoring of the mother and fetus, and the readiness of healthcare providers to anticipate potential complications.(Rinayanti *et al.*, 2025) In this case, the midwife monitored the progress of labor using a partograph and periodically observed the fetal heart rate to maintain the stability of the mother and fetus.(Meidina, Susilowati and Brebes, 2024)

Potential problems identified included the risk of umbilical cord prolapse, neonatal asphyxia, birth trauma, and prolonged labor. According to Morris et al. (2022), breech delivery carries a higher risk of umbilical cord prolapse, neonatal asphyxia, birth trauma, and perinatal death than cephalic presentation. However, in Mrs. Y's case, no such complications were encountered. This demonstrates that implementing comprehensive, standardized midwifery care management can minimize potential risks during labor.(Sri *et al.*, 2023)

Care was provided through monitoring vital signs, uterine contractions, and fetal heart rate, providing psychological support, and continuously observing the progress of labor. The evaluation showed a successful delivery without complications. The baby was born spontaneously, weighing 3,400 grams and measuring 49 cm long. He had a strong cry, was actively moving, had a rosy complexion, and achieved an APGAR score of 10 at the first and fifth minutes. The third and fourth stages of labor progressed normally without bleeding or birth canal trauma. These results align with research by Schafer, which states that early detection of breech presentation and close monitoring during labor play a crucial role in reducing maternal and neonatal morbidity and mortality. The favorable outcomes for both mother and baby in this case demonstrate that the systematic and comprehensive implementation of Helen Varney's midwifery management can support maternal and infant safety and prevent complications in breech delivery.(Gj *et al.*, 2025)

CONCLUSIONS AND SUGGESTIONS

Conclusion

Based on the results of a case study of Mrs. Y, 32 years old, G3P2A0, 38–39 weeks' gestation with a breech presentation at the Sarfina Sembiring Primary Clinic in 2025, it can be concluded that the implementation of midwifery care management using Helen Varney's 7 steps and SOAP documentation was carried out systematically and comprehensively. Appropriate assessment, identification of potential problems, regular monitoring of maternal and fetal conditions, and implementation of standardized care successfully supported a safe delivery.(Samosir and Juliana, 2025) The results of the care showed that the mother and baby were in good condition, labor proceeded without complications, the baby was born with an

Apgar score of 10 at the first and fifth minutes, and there was no bleeding or birth canal trauma to the mother. Thus, the objectives of midwifery care in cases of breech presentation were successfully achieved.(Silpana Elisabet Tampubolon1,2025)

Suggastions

Healthcare workers, particularly midwives, are expected to improve early detection of breech presentation through regular antenatal examinations, conduct close monitoring during labor, and implement standardized midwifery care management to prevent maternal and neonatal complications.(Silaban, Sinaga and Br, 2025) Pregnant women are expected to undergo regular prenatal checkups and follow the recommendations of healthcare providers to ensure proper monitoring of their pregnancies. For educational institutions, the results of this case study can serve as learning materials and references to improve students' competency in providing midwifery care for breech presentations.(Simbolon and Pengantar, 2019)

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