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COMPREHENSIVE MIDWIFERY CARE FOR MRS. R AT THE INDEPENDENT MIDWIFERY PRACTICE OF MIDWIFE IKA ASTUTI, AM,Keb SUBULUSSALAM CITY IN 2026

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ABSTRACT

Background: Maternal and infant mortality rates remain critical indicators of public health. Comprehensive midwifery care (Continuity of Care) is essential to reduce these rates through early detection of complications. **Objectives:** This study aimed to provide comprehensive midwifery care to Mrs. R from pregnancy, labor, postpartum, newborn, to family planning at Ika Astuti AM,Keb Independent Midwifery Practice, Subulussalam City in 2026. **Methods:** This research used aqualitative case study design with a Continuity of Care (CoC) approach. Data were gathered through interviews, physical examinations, observations, and documentation. **Results:** Mrs. R's pregnancy progressed normally with mild physiological complaints. Delivery occurred smoothly at 40 weeks of gestation without major complications. Postpartum care and newborn monitoring showed excellent health status, and the mother opted for progestin-only injection contraceptives. **Conclusions:** Comprehensive midwifery care provided to Mrs. R effectively maintained maternal and neonatal health, showing complete alignment between theory and standard clinical practices.

Keywords: Midwifery Care; Comprehensive; Continuity of Care; Subulussalam

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 improvements in maternal healthcare services, maternal and neonatal mortality continue to represent significant public health challenges worldwide. According to the World Health Organization (WHO), approximately 287,000 women died from pregnancy- and childbirth-related complications in 2023, while nearly 2.3 million neonatal deaths occurred globally during the first month of life. Most of these deaths are preventable through timely, comprehensive, and evidence-based maternal healthcare services.

Indonesia continues to face challenges in reducing maternal and neonatal mortality. According to the Indonesia Health Profile 2024, the leading causes of maternal mortality remain postpartum hemorrhage, hypertensive disorders during pregnancy, infection, and other preventable obstetric complications. Neonatal mortality is primarily caused by prematurity, birth asphyxia, neonatal infections, and congenital abnormalities. These conditions indicate the need to strengthen comprehensive maternal and newborn healthcare services beginning from pregnancy until the postpartum period and family planning.

One strategy recommended by the World Health Organization to improve maternal and neonatal outcomes is the implementation of Continuity of Care (CoC). Continuity of Care is a model of comprehensive and continuous healthcare provided by the same healthcare professional throughout pregnancy, childbirth, postpartum, newborn care, and family planning. This approach emphasizes continuity of services, effective communication, early identification of complications, health promotion, and evidence-based interventions. Continuous monitoring allows midwives to recognize maternal and fetal problems at an early stage, provide appropriate management, and prevent the development of serious obstetric complications.

Several studies have reported that the Continuity of Care model improves maternal satisfaction, increases compliance with antenatal care visits, promotes exclusive breastfeeding, supports healthy maternal behaviors, and reduces maternal and neonatal morbidity. In addition, comprehensive midwifery care enables stronger relationships between midwives and mothers, thereby improving adherence to health education and facilitating timely referrals when complications are identified.

Independent Midwifery Practices (Praktik Mandiri Bidan/PMB) play an important role in delivering comprehensive maternal healthcare within the community. Midwives are responsible for providing holistic care that addresses not only physical health but also psychological, educational, social, and cultural aspects throughout the reproductive cycle. Comprehensive care from pregnancy until family planning contributes to improving maternal adaptation, ensuring healthy neonatal growth and development, and supporting the achievement of national maternal health targets.

Mrs. R received comprehensive midwifery care at Ika Astuti Independent Midwifery Practice, Subulussalam City. During the continuum of care, the client underwent antenatal

examinations, normal childbirth care, postpartum monitoring, newborn services, and family planning counseling according to the Indonesian National Midwifery Care Standards.

Throughout pregnancy, the client experienced physiological conditions without major obstetric complications and successfully completed each stage of maternal care under continuous monitoring.

Although the benefits of the Continuity of Care approach have been widely reported, evidence describing its implementation through detailed case studies at independent midwifery practices in Subulussalam City remains limited. Therefore, documenting comprehensive midwifery care using Helen Varney's Seven-Step Midwifery Management Process provides valuable evidence regarding the application of evidence-based midwifery practice in primary healthcare settings.

Therefore, this study aimed to describe the implementation of comprehensive midwifery care using the Continuity of Care approach for Mrs. R at Ika Astuti Independent Midwifery Practice, Subulussalam City, from pregnancy, childbirth, postpartum, newborn care, until family planning. The findings of this study are expected to contribute to improving the quality of comprehensive maternal and child healthcare services and serve as an evidence-based reference for midwifery education and clinical 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 Ika Astuti Independent Midwifery Practice**,** Subulussalam City, Aceh Province, Indonesia, from April to August 2026**.**

The subject of this case study was Mrs. R**,** a pregnant woman who received comprehensive midwifery care beginning in the third trimester of pregnancy (36 weeks of gestation) until the completion of postpartum and family planning services. The client was selected using a purposive sampling technique based on the following inclusion criteria: singleton pregnancy, physiological pregnancy without major obstetric complications, willingness to participate in the study, and completion of all scheduled maternal and neonatal visits throughout the Continuity of Care period. Written informed consent was obtained before the implementation of care.

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

The implementation of comprehensive midwifery care followed Helen Varney's Seven-Step Midwifery Management Process, consisting of data collection, identification of actual diagnoses and problems, identification of potential problems and anticipated complications, determination of immediate needs, development of comprehensive care plans, implementation of evidence-based interventions, and evaluation of care outcomes. All findings and interventions were documented using the SOAP (Subjective, Objective, Assessment, and Plan) documentation format according to the standards established by the Indonesian Midwives Association (IBI).

Comprehensive care was provided continuously throughout each stage of the maternal care continuum. During pregnancy, antenatal care included assessment of maternal and fetal well-being, nutritional counseling, monitoring of maternal weight gain, iron supplementation, 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 observation of labor progress, fetal heart rate monitoring, infection prevention, active management of the third stage of labor, and immediate newborn care.

Postpartum care included monitoring uterine involution, maternal vital signs, lochia, breastfeeding adaptation, nutritional counseling, early mobilization, and early detection of postpartum complications. Newborn care involved assessment of neonatal adaptation, thermoregulation, umbilical cord care, exclusive breastfeeding support, neonatal danger sign counseling, growth monitoring, and routine neonatal immunization according to the Indonesian Ministry of Health recommendations. Family planning counseling was subsequently provided to assist the client in selecting an appropriate contraceptive method based on her reproductive goals, medical eligibility, and informed choice.

The data obtained throughout each stage of care were analyzed descriptively by comparing 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 evaluate the implementation of comprehensive midwifery care and demonstrate the effectiveness of the Continuity of Care approach in maintaining maternal and neonatal health.

This study was conducted in accordance with ethical principles, including respect for autonomy, confidentiality, beneficence, and non-maleficence. The client's identity was protected by using initials throughout the manuscript, and all information obtained was used solely for academic and scientific purposes.

RESULTS AND DISCUSSIONS

The implementation of comprehensive midwifery care using the Continuity of Care (CoC) approach for Mrs. R was successfully conducted from pregnancy, childbirth, postpartum, newborn care, and family planning at Ika Astuti Independent Midwifery Practice, Subulussalam City. Throughout the continuum of care, both the mother and newborn remained in good health without significant obstetric or neonatal complications.

During the antenatal period, Mrs. R attended routine antenatal care visits beginning at 36 weeks of gestation**.** The maternal condition remained within normal physiological limits throughout pregnancy. Blood pressure ranged from 110/70 mmHg to 120/80 mmHg**,** indicating stable cardiovascular status without evidence of gestational hypertension or preeclampsia. Maternal weight gain was appropriate for gestational age, reflecting adequate nutritional status. Laboratory examination showed a hemoglobin level of 11.2 g/dL, while urine protein and urine glucose examinations were negative, indicating that the mother did not experience anemia, proteinuria, or gestational diabetes. Fetal monitoring demonstrated reassuring fetal wellbeing with a fetal heart rate ranging between 136 and 144 beats per minute, cephalic presentation, and fetal growth appropriate for gestational age.

The physiological findings observed during pregnancy indicate that routine antenatal care plays an important role in maintaining maternal and fetal health. Regular monitoring enables midwives to identify abnormalities at an early stage and provide timely interventions before complications develop. In this case, continuous nutritional counseling, iron supplementation, and health education contributed to maintaining normal maternal physiological conditions throughout pregnancy. These findings are consistent with the recommendations of the World Health Organization (WHO)**,** which emphasize that quality antenatal care reduces maternal and neonatal morbidity through early detection of pregnancy-related complications and continuous health promotion.

At 40 weeks of gestation**,** Mrs. R entered spontaneous labor with normal progression. The first stage of labor lasted approximately six hours**,** followed by a second stage of twenty minutes. Labor progressed physiologically without prolonged labor, fetal distress, postpartum hemorrhage, or birth trauma. Continuous monitoring of maternal and fetal conditions was carried out according to the Normal Childbirth Care (Asuhan Persalinan Normal/APN) guidelines. Active Management of the Third Stage of Labor (AMTSL) was implemented successfully to minimize the risk of postpartum hemorrhage.

A healthy male newborn was delivered vaginally with a birth weight of 3,400 grams and an Apgar Score of 9/10**,** indicating excellent neonatal adaptation. The newborn cried immediately after birth, demonstrated active spontaneous movements, and maintained normal skin color and respiratory function. Early Breastfeeding Initiation (EBI) was successfully implemented immediately after delivery, facilitating maternal–infant bonding and promoting successful exclusive breastfeeding. Routine neonatal care, including thermoregulation, vitamin K administration, umbilical cord care, hepatitis B immunization, and neonatal assessment, was performed according to national clinical guidelines.

CONCLUSIONS

The implementation of comprehensive midwifery care using the Continuity of Care (CoC) approach for Mrs. R at Ika Astuti Independent Midwifery Practice, Subulussalam City**,** 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 maternal or neonatal complications.

Regular antenatal care, continuous monitoring, evidence-based midwifery interventions, nutritional counseling, health education, and appropriate clinical management

contributed to maintaining the mother's physiological condition throughout pregnancy and ensured favorable maternal and neonatal outcomes. The implementation of the Continuity of Care approach also strengthened communication between the midwife and the client, facilitated early identification of potential complications, promoted successful breastfeeding, and supported informed decision-making regarding postpartum family planning.

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

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CONFLICT OF INTEREST AND FUNDING DISCLOSURE

The authors declare that there is no conflict of interest regarding the publication of this article. This study did not receive any specific funding from governmental, commercial, or non-profit organizations.

AUTHOR CONTRIBUTIONS

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

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

RNA: Investigation, formal analysis, visualization, and data interpretation.

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

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

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