

MIDWIFERY CARE MANAGEMENT OF MORNING SICKNESS IN FIRST TRIMESTER PREGNANCY

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ABSTRACT

Morning sickness or emesis gravidarum is one of the most common complaints experienced during the first trimester of pregnancy, affecting approximately 70–80% of pregnant women worldwide. Although generally considered a physiological condition, persistent nausea and vomiting can interfere with nutritional intake, daily activities, and maternal quality of life. If not managed appropriately, the condition may progress to hyperemesis gravidarum, which can lead to dehydration, electrolyte imbalance, and weight loss. Therefore, appropriate and evidence-based midwifery care is needed to reduce symptoms and prevent complications. According to Ervin Hariyani and Rizka Esty Safriana (2024), non-pharmacological management such as ginger and mint leaves can effectively reduce emesis gravidarum in first-trimester pregnant women.

The purpose of this case report was to provide midwifery care management for Mrs. S, G1P0A0, at 11 weeks and 4 days of gestation with morning sickness at Niar Maternity Clinic in 2026. The method used was a case study approach based on the 7 steps of Varney's midwifery management, including assessment, identification of diagnosis and problems, identification of immediate needs, planning, implementation, and evaluation. The assessment results showed that the patient experienced nausea and vomiting 2–3 times in the morning without signs of dehydration, with good general condition and normal vital signs. The midwifery care provided included education about morning sickness, recommendations for small frequent meals, adequate rest, nutritional fulfillment, administration of vitamin B complex and vitamin B6, and counseling regarding danger signs during pregnancy. In addition, non-pharmacological therapy such as consuming ginger drinks was recommended because previous studies reported that ginger is effective in reducing emesis gravidarum among first-trimester pregnant women. After the implementation of midwifery care, the patient understood how to manage nausea and vomiting and was willing to attend follow-up visits if complaints worsened. The conclusion of this case report is that appropriate midwifery care management can help reduce discomfort caused by morning sickness and prevent complications in first-trimester pregnant women.
(Hariyani and Safriana, 2024)

Keywords: Midwifery care, Morning sickness, First trimester pregnancy

INTRODUCTION

Pregnancy is a physiological process that begins with fertilization and continues with the growth and development of the fetus in the uterus until delivery. During pregnancy, women experience various physical and hormonal changes that can cause discomfort, especially during the first trimester. One of the most common complaints experienced by pregnant women is nausea and vomiting, known as morning sickness or emesis gravidarum.

This condition generally occurs at 5–12 weeks of gestation and is associated with increased levels of hormones such as estrogen, progesterone, and Human Chorionic Gonadotropin (HCG).

According to the World Health Organization (WHO) and several international studies, nausea and vomiting during pregnancy affect approximately 70–80% of pregnant women worldwide, with symptoms most commonly occurring during the first trimester of pregnancy. Hyperemesis gravidarum, the severe form of nausea and vomiting in pregnancy, occurs in approximately 0.3–3% of pregnancies.

In Indonesia, nausea and vomiting during pregnancy remain among the most frequently reported complaints during antenatal care visits. Data from the Ministry of Health of the Republic of Indonesia indicate that complaints of nausea and vomiting are commonly experienced during early pregnancy and contribute to reduced nutritional intake and maternal well-being. In North Sumatra, including Medan City, cases of emesis gravidarum are frequently encountered in primary healthcare facilities and independent midwifery practices, requiring appropriate management to prevent progression to hyperemesis gravidarum.

Emesis gravidarum is considered a normal condition in early pregnancy, but if not managed properly it may interfere with the mother's nutritional intake, daily activities, and overall well-being. In more severe cases, it can develop into hyperemesis gravidarum, which may lead to dehydration, electrolyte imbalance, and weight loss. Therefore, proper management and midwifery care are essential to reduce discomfort and prevent complications during pregnancy (Adethia & Sapna, 2023)

According to previous studies, both pharmacological and non-pharmacological management such as vitamin B6 administration, dietary modification, adequate rest, and ginger therapy are effective in reducing nausea and vomiting in pregnant women. Midwives play an important role in providing education, counseling, and comprehensive care for pregnant women experiencing morning sickness. This case report aims to describe the management of midwifery care for Mrs. S, G1P0A0, at 11 weeks and 4 days of gestation with morning sickness at Niar Maternity Clinic in 2026. (Syamsiah, Carolin and Putri, 2024)

METHODS

The type of research used in this case report was descriptive research with a case study design. This study aimed to systematically describe the implementation of midwifery care management for Mrs. S, G1P0A0, at 11 weeks and 4 days of gestation with morning sickness at Niar Maternity Clinic in 2026. The study was conducted at Niar Maternity Clinic, Medan, on March 25th, 2026. The subject of this case study was one first-trimester pregnant woman, Mrs. S, aged 25 years old, who experienced nausea and vomiting during early pregnancy (morning sickness). The subject was selected using a purposive sampling technique, in which the subject was chosen based on specific criteria according to the objectives of the study.

Data collection methods were carried out through interviews (anamnesis), observation, physical examination, obstetric examination, and documentation of the patient's examination results. Subjective data were obtained from the patient's complaints and health history, while objective data were obtained from general and obstetric examinations. The stages of the study were conducted using Helen Varney's 7-step midwifery management approach, including data collection, interpretation of data, identification of actual and potential diagnoses/problems, identification of immediate needs/interventions, planning of comprehensive midwifery care, implementation of care, and evaluation of midwifery care.

Data processing was carried out descriptively by comparing theoretical concepts with the findings obtained in the case. Data analysis was performed by identifying the suitability between the patient's condition and the theory regarding emesis gravidarum and its midwifery management.

RESULTS AND DISCUSSIONS

The type of research used in this case report was descriptive research with a case study design. This study aimed to systematically describe the implementation of midwifery care management for a primigravida at 11 weeks and 4 days of gestation with morning sickness at Niar Maternity Clinic in 2026. The study was conducted at Niar Maternity Clinic, Medan, on March 25, 2026. The subject of this case study was one 25-year-old primigravida in the first trimester of pregnancy who experienced nausea and vomiting associated with early pregnancy (morning sickness). (Pragastiwi *et al.*, 2024)

Data were collected through interviews, physical examinations, observation, review of medical records, and documentation. The implementation of midwifery care followed the seven-step management process according to Helen Varney, including assessment, identification of actual and potential problems, identification of immediate needs, planning, implementation, and evaluation. Documentation of care was performed using the SOAP (Subjective, Objective, Assessment, and Plan) format. Ethical principles were applied throughout the study by obtaining informed consent, maintaining patient confidentiality and anonymity, and respecting the participant's rights. The management provided in this case was based on current evidence regarding the treatment of nausea and vomiting during pregnancy. Non-pharmacological interventions, including dietary. (Frivaldszky *et al.*, 2026)

The findings of this case report demonstrated that the patient, a 25-year-old primigravida at 11 weeks and 4 days of gestation, experienced mild morning sickness characterized by nausea and vomiting occurring two to three times per day without signs of dehydration. This finding is consistent with the physiological changes that commonly occur during the first trimester of pregnancy, in which elevated levels of human chorionic gonadotropin (hCG), estrogen, and progesterone stimulate the vomiting center and alter gastrointestinal motility, resulting in nausea and vomiting. Morning sickness generally occurs between 5 and 12 weeks of gestation and usually improves after the first trimester. Therefore, early identification and appropriate midwifery management are essential to prevent the progression of symptoms to hyperemesis gravidarum (Saeij & Frickel, 2025)

The midwifery care provided in this case included health education, dietary modification, adequate fluid intake, sufficient rest, vitamin B6 supplementation, and non-pharmacological therapy using ginger. Following these interventions, the patient's symptoms gradually improved, as evidenced by a reduction in the frequency of vomiting, improved appetite, and increased understanding of self-management strategies. These findings support the systematic review conducted by Pragastiwi *et al.* (2024), which concluded that ginger is an effective and safe non-pharmacological intervention for reducing nausea and vomiting during early pregnancy and may have comparable effectiveness to vitamin B6.

The results of this case are also consistent with the recent systematic review and network meta-analysis published in 2025, which reported that vitamin B6, ginger, acupressure, and several pharmacological therapies significantly reduce the severity of nausea and vomiting in pregnancy. The study emphasized that early evidence-based management not only improves maternal comfort but also decreases the risk of dehydration, nutritional deficiencies, and progression to hyperemesis gravidarum. Consequently, integrating evidence-based interventions into routine antenatal care can improve maternal health outcomes during the first trimester.

Furthermore, the Royal College of Obstetricians and Gynaecologists (RCOG, 2024) recommends that pregnant women with mild to moderate nausea and vomiting should initially receive conservative management through dietary counseling, adequate hydration, lifestyle modification, and vitamin supplementation before considering antiemetic medication.

Likewise, the American College of Obstetricians and Gynecologists (ACOG, reaffirmed 2024) recommends vitamin B6, either alone or in combination with doxylamine, as the first-line pharmacological treatment for nausea and vomiting in pregnancy. The management implemented in this case was therefore consistent with current international clinical guidelines.

The implication of this case report is that comprehensive and evidence-based midwifery care plays an important role in reducing maternal discomfort, improving nutritional intake, enhancing maternal knowledge regarding self-care, and preventing complications associated with persistent nausea and vomiting during early pregnancy. Midwives should provide individualized education and continuous follow-up to ensure symptom improvement and early detection of danger signs requiring referral.

CONCLUSIONS

This case report demonstrated that evidence-based midwifery care management effectively reduced the symptoms of morning sickness in a primigravida at 11 weeks and 4 days of gestation. The implementation of comprehensive care, including health education, dietary modification, adequate hydration, sufficient rest, vitamin B6 supplementation, and ginger therapy, improved the patient's condition and increased her understanding of self-management strategies. Appropriate and timely interventions also contributed to preventing the progression of nausea and vomiting into hyperemesis gravidarum. Therefore, comprehensive and evidence-based midwifery care plays an important role in improving maternal comfort and maternal health outcomes during the first trimester of pregnancy.

Midwives are encouraged to provide early assessment and evidence-based management for pregnant women experiencing nausea and vomiting during the first trimester. Health education regarding dietary modification, adequate hydration, rest, and safe non-pharmacological interventions such as ginger should be routinely incorporated into antenatal care. Future research is recommended to involve larger sample sizes and compare the effectiveness of various pharmacological and non-pharmacological interventions to strengthen the evidence regarding the management of morning sickness in pregnancy.

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