

MIDWIFERY CARE MANAGEMENT FOR MRS. P, G1P0A0, AT 10 WEEKS OF GESTATION WITH MORNING SICKNESS AT HANNA SIMBOLON MATERNITY CLINIC IN 2026

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ABSTRACT

Morning sickness is a frequently occurring condition during early pregnancy, characterized by nausea and vomiting resulting from hormonal fluctuations, particularly elevated levels of Human Chorionic Gonadotropin (hCG), estrogen, and progesterone. While it is generally considered a normal physiological response to pregnancy, inadequate management may negatively affect maternal nutritional status, daily functioning, and overall quality of life. This case study aimed to describe the implementation of midwifery care management for Mrs. P, G1P0A0, at 10 weeks of gestation experiencing morning sickness at Hanna Simbolon Maternity Clinic in 2026. A descriptive case study design was employed using Helen Varney's seven-step midwifery management approach, which includes assessment, diagnosis, planning, implementation, and evaluation. Assessment findings revealed that Mrs. P, a 25-year-old primigravida, experienced nausea and vomiting two to three times per day, accompanied by reduced appetite and feelings of weakness. Physical examination indicated that her general condition was stable and her vital signs were within normal limits. The midwifery interventions provided consisted of health education about morning sickness, dietary adjustments, hydration management, nutritional guidance, adequate rest, emotional support, and recommendations for follow-up visits. Following the implementation of care, the patient demonstrated an improved understanding of her condition and was able to adopt appropriate self-care measures to alleviate nausea and vomiting. The study concludes that comprehensive and individualized midwifery care is effective in minimizing discomfort associated with morning sickness and reducing the risk of complications during the first trimester of pregnancy.

Keywords: Midwifery care, emesis gravidarum, morning sickness, first trimester pregnancy

Introduction

Pregnancy is a physiological process that begins with fertilization and continues until childbirth. During pregnancy, women experience various anatomical, physiological, and hormonal changes that support fetal growth and development. These changes may also cause several discomforts, particularly during the first trimester. One of the most common complaints experienced by pregnant women is nausea and vomiting, commonly known as morning sickness.

Morning sickness usually occurs between the fourth and twelfth weeks of gestation and is associated with elevated levels of Human Chorionic Gonadotropin (hCG),

estrogen, and progesterone. Approximately 50–80% of pregnant women experience nausea and vomiting during early pregnancy, with a higher prevalence among primigravida women. Although generally considered a normal physiological adaptation, severe or prolonged symptoms may affect maternal nutritional status and quality of life and may progress to hyperemesis gravidarum.

The impact of morning sickness includes decreased appetite, inadequate nutritional intake, fatigue, dehydration, electrolyte imbalance, and weight loss. If left untreated, these conditions may negatively affect both maternal and fetal health. Therefore, appropriate midwifery care is essential to reduce discomfort, improve maternal adaptation to pregnancy, and prevent complications.

This case study aims to describe the implementation of midwifery care management for Mrs. P, G1P0A0, at 10 weeks of gestation with morning sickness at Hanna Simbolon Maternity Clinic in 2026.

Research Method

Pregnancy is a physiological process that begins with fertilization and continues until childbirth. During pregnancy, women experience various anatomical, physiological, and hormonal changes that support fetal growth and development. These changes may also cause several discomforts, particularly during the first trimester. One of the most common complaints experienced by pregnant women is nausea and vomiting, commonly known as morning sickness.

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Result

The assessment was conducted on March 24th, 2026. Mrs. P, a 25-year-old woman, G1P0A0, came to Hanna Simbolon Maternity Clinic with complaints of nausea and vomiting occurring two to three times daily, particularly in the morning and after meals. The symptoms had been present for approximately one week and were accompanied by decreased appetite and feelings of weakness.

The patient reported that this was her first pregnancy. Her last menstrual period (LMP) was January 14th, 2026, indicating a gestational age of 10 weeks.

The pregnancy was planned and supported by her husband and family.

Physical examination revealed the following findings:

Blood Pressure: 100/70 mmHg

Pulse Rate: 82 beats/minute

Respiratory Rate: 20 breaths/minute

Temperature: 36.5°C

Weight before pregnancy: 51 kg

Current weight: 51 kg

Height: 150 cm

Mid Upper Arm Circumference (MUAC): 25 cm

The patient showed no signs of dehydration or other complications. General condition was good, and all vital signs were within normal limits. Based on the assessment findings, the diagnosis established was: Mrs. P, 25 years old, G1P0A0, 10 weeks gestation with morning sickness. The identified problems included maternal anxiety related to nausea and vomiting, decreased appetite, and concerns regarding pregnancy adaptation.pregnancy.Non-pharmacological interventions, including dietary modification, eating small frequent meals, adequate hydration, sufficient rest, and ginger consumption, were recommended because these interventions have been shown to reduce the severity of nausea and improve maternal comfort. In addition, vitamin B6 supplementation was provided according to clinical recommendations for managing mild to moderate nausea and vomiting during early pregnancy. Recent evidence suggests that both pharmacological and non-pharmacological interventions, including ginger and vitamin B6, are effective and safe options for reducing symptoms of nausea and vomiting during pregnancy, particularly in the first trimester. Therefore, evidence-based midwifery care was applied throughout the management of this case to improve maternal outcomes and prevent progression to hyperemesis gravidarum

Discussion

The findings of this case demonstrated that Mrs. P experienced mild morning sickness during the first trimester of pregnancy. The symptoms included nausea and vomiting two to three times daily without signs of dehydration or significant weight loss. These findings are consistent with the physiological changes commonly observed during early pregnancy.

Morning sickness is primarily associated with increased concentrations of hCG, estrogen, and progesterone. These hormonal changes affect the gastrointestinal tract and stimulate the vomiting center in the brain, leading to nausea and vomiting. The condition generally peaks between 8 and 12 weeks of gestation and gradually improves during the second trimester.

The midwifery care provided focused on health education and non-pharmacological interventions. The patient was advised to consume small but frequent meals, avoid greasy and strongly scented foods, increase fluid intake, obtain adequate rest, and manage stress. These recommendations are supported by evidence-based guidelines for managing nausea and vomiting during pregnancy.

Adequate hydration and nutritional intake are essential to prevent dehydration and nutritional deficiencies. The patient was also encouraged to consume foods rich in carbohydrates and protein to maintain energy levels and reduce nausea. Psychological support was provided to decrease anxiety and improve maternal confidence in coping with pregnancy-related discomforts.

The implementation of comprehensive midwifery care resulted in increased maternal understanding regarding morning sickness and its management. The patient reported feeling reassured and demonstrated knowledge of strategies to reduce nausea and vomiting.

These findings indicate that individualized and evidence-based midwifery interventions play an important role in improving maternal comfort and preventing progression to more severe conditions such as hyperemesis gravidarum.

Conclusion and Suggestion

Morning sickness is a common physiological condition experienced during the first trimester of pregnancy due to hormonal changes. In this case, Mrs. P, a 25-year-old primigravida at 10 weeks of gestation, experienced nausea and vomiting two to three times daily without complications.

Comprehensive midwifery care consisting of health education, dietary modification, adequate hydration, sufficient rest, psychological support, and follow-up monitoring successfully improved the patient's understanding of her condition and helped reduce pregnancy-related discomfort.

Midwives should provide early assessment and evidence-based management for pregnant women experiencing morning sickness. Health education regarding dietary modifications, adequate fluid intake, rest, and healthy lifestyle practices should be routinely integrated into antenatal care services.

Pregnant women are encouraged to attend regular antenatal care visits and seek immediate medical attention if symptoms worsen or signs of dehydration develop.

APPRECIATE (If There Is)

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