# COMPREHENSIVE MIDWIFERY CARE FOR MRS. L AT THE INDEPENDENT MIDWIFERY PRACTICE OF MIDWIFE Bd. MAULIDA WINANDA, S.Keb SUBULUSSALAM CITY IN 2026

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## ABSTRACT

**Background:** Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) are key indicators of a nation's welfare. The Continuity of Care (CoC) approach, or continuous midwifery care from pregnancy, labor, postpartum, newborn, to family planning (KB) services, is essential for the early detection of pathological risks and the reduction of MMR/IMR. **Objective:** To provide comprehensive and continuous midwifery care using the SOAP documentation midwifery management approach for Mrs. L at PMB Bd. Maulida Winanda, S.Keb, Subulussalam City. **Methods:** This report utilizes a comprehensive longitudinal case study design, following the subject from the third trimester of pregnancy through contraceptive services. The care was provided from March to June 2026. Data were collected through interviews, physical examinations, direct observation, and documentary studies. **Results:** Antenatal care (ANC) was provided to Mrs. L, 28 years old, G3P2A0, at 39 weeks and 2 days of gestation, presenting with the physiological complaint of lower back pain. On May 31, 2026, at 23:00 WIB, the mother gave birth spontaneously with an occiput anterior presentation; the infant was born healthy and normal. Postnatal care (PNC) was conducted up to the 20th-day postpartum visit, demonstrating a normal uterine involution process, unpalpable uterine fundal height (TFU), well-approximated perineal wound, and smooth lactation. Neonatal care was well-monitored. At the end of the postpartum period, family planning counseling was provided to determine a contraceptive method suitable for a breastfeeding mother. **Conclusion:** The implementation of comprehensive midwifery care (Continuity of Care) for Mrs. L was proven to proceed physiologically and effectively in monitoring maternal and infant health as well as preventing complications.

**Keywords:** *Comprehensive Care, Pregnancy, Labor, Postpartum, Newborn, Family Planning*

## Introduction

Although pregnancy, childbirth, the postpartum period, and family planning are physiological processes, they can potentially progress into pathological conditions that threaten the lives of both mother and child. According to the WHO, the leading causes of maternal mortality include preeclampsia, severe hemorrhage, postpartum infection, and obstructed labor. In Subulussalam City, the Department of Health recorded 18 cases of maternal death and 25 cases of infant death in 2023. Where the highest causes of maternal mortality were influenced by hypertension in pregnancy and hemorrhage.

As a tactical strategy to accelerate the reduction of MMR and IMR, the Continuity of Care (CoC) model is widely recommended. Through this model, a midwife can intensively accompany a mother from her final trimester until her choice of contraceptive method. Based on a preliminary study at PMB Bd. Maulida Winanda, S.Keb in early 2026, 12 pregnant women in their third trimester were identified. Reinforcing the urgency of conducting this comprehensive care to optimize the reproductive health status of the local community.

## Research Method

This study utilized a comprehensive longitudinal case study design. The subject of care was Mrs. L, a 28-year-old multigravida woman (G3P2A0). The care was carried out at the Independent Midwifery Practice (PMB) of Bd. Maulida Winanda, S.Keb, located on Hamzah Fansuri Street, Rundeng District, Subulussalam City. The period of care spanned from March to June 2026. The research instruments and materials included midwifery assessment forms, physical examination tools (sphygmomanometer, stethoscope, Laennec/Doppler, mid-upper arm circumference (MUAC/LILA) tape, TFU measuring tape), personal protective equipment (PPE), and a standard normal delivery set (partus set). All progress data were analyzed and documented using the narrative Subjective, Objective, Assessment, and Planning (SOAP) method.

## Result And Discussion

### A. Antenatal Midwifery Care (Pregnancy)

The antenatal visit for Mrs. L was conducted at 39 weeks and 2 days of gestation. The primary complaint was lower back pain, which is a physiological discomfort of the third trimester caused by the pressure of the fetal head on the pelvis and changes in the mother's posture. The physical examination showed a maternal weight of 72 kg, blood pressure of 120/80 mmHg (normotensive), uterine fundal height (TFU) of 36 cm, right-occiput position (PUKA), cephalic presentation, and convergent (the head had not fully entered the pelvic inlet during the initial examination). The fetal heart rate (FHR) was normal at 155 bpm, the mother's hemoglobin level was 12 g% (non-anemic), and urine protein was negative (-). The care provided included Information, Education, and Communication (IEC/KIE) regarding third-trimester discomforts, high-calorie and high-protein nutrition, labor preparation, danger signs recognition, and the administration of iron (FE) supplements.

**B. Intranatal Midwifery Care (Labor)**

On May 31, 2026, at 20:00 WIB, Mrs. L arrived complaining of regular contractions radiating to her lower back accompanied by the release of bloody show. During the active phase of Stage I labor examination, cervical dilation was 6 cm, the portio was soft, amniotic membranes were intact, FHR was 145 bpm, and fetal descent was at Hodge Station II. The mother was encouraged to mobilize and choose an upright position or lie on her left side to optimize oxygen supply to the placenta. The delivery proceeded spontaneously at 23:00 WIB; the baby boy cried immediately upon birth with active muscle tone, and Early Initiation of Breastfeeding (IMD) was performed immediately for 1 hour. Active management of Stage III labor was executed with an intramuscular injection of 10 IU oxytocin, controlled cord traction (CCT/PTT), and uterine massage; the placenta was expelled completely and spontaneously. Monitoring during Stage IV for 2 hours postpartum showed good/firm uterine contractions, TFU at 2 fingers below the umbilicus, and normal blood loss within physiological limits (±100 cc).

**C. Postnatal Midwifery Care (Postpartum) and Neonatal Care**

Postnatal care (PNC) and newborn visits (KN) were divided into several monitoring stages. During the 6–7 hours postpartum care, the mother's general condition was good, uterine contractions were strong, the lochia rubra discharge was bright red, and breast milk (ASI) began to express gradually. During the second postpartum visit (KF2) on Day 4, uterine involution progressed well with the TFU located halfway between the umbilicus and the symphysis pubis, lochia sanguinolenta discharge, and smooth lactation without engorgement or nipple soreness. On the 20th-day visit (KF3), Mrs. L's physical condition had recovered, the uterine fundus was no longer palpable above the symphysis pubis, vaginal bleeding had ceased (lochia alba), and the mother was able to breastfeed her baby exclusively. The newborn was also monitored to be healthy, with no signs of jaundice, umbilical cord infection, or feeding difficulties.

**D. Family Planning Care (KB)**

During the 20th-day postpartum care, the midwife provided focused family planning counseling using the "SATUTUJU" (GATHER) framework to assist the mother in planning postpartum contraception. Considering that Mrs. L was exclusively breastfeeding, the offered contraceptive methods focused on non-hormonal or progestin-only hormonal options that do not interfere with breast milk volume, such as the Lactational Amenorrhea Method (LAM/MAL), 3-month progestin injection, progestin-only pills, or an Intrauterine Device (IUD/AKDR). Mrs. L decided to discuss these alternatives with her husband before proceeding with official administration or insertion.

**B. Suggestions**

1. **For the Clinical Practice Site (PMB):** It is expected that the facility maintains the quality of continuous midwifery care and consistently applies SOAP-based documentation for the early detection of pathological risks.

2. **For the Client:** The client is advised to maintain a balanced nutritional intake during lactation, complete the baby's basic immunization schedule, and promptly utilize the chosen postpartum contraceptive method.

## Conclusion And Suggestions

### A. Conclusion

Comprehensive midwifery care based on the Continuity of Care (CoC) model for Mrs. L from the third trimester of pregnancy, childbirth, the postpartum period, neonatal management, to family planning counseling was successfully implemented safely, integrally, and in accordance with the competency standards of midwifery services. The final evaluation indicated that the entire sequence of Mrs. L's reproductive transition proceeded physiologically without any major complications or emergencies encountered by either mother or infant.

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