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MIDWIFERY MANAGEMENT OF NORMAL LABOR IN MRS. W, G1P0A0, WITH A 39-WEEK GESTATION AT NIAR PRATAMA CLINIC, TIMBANG DELI, MEDAN AMPLAS DISTRICT, MEDAN CITY, NORTH SUMATRA 2025

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ABSTRACT

Background: Normal labor is a physiological process that occurs at the end of pregnancy, involving the delivery of the fetus, placenta, and fetal membranes through the birth canal. Although labor is a natural event, primigravida mothers often require more intensive observation and support because they have no prior childbirth experience. Appropriate and comprehensive midwifery care during labor is essential to ensure maternal and fetal well-being, support the normal progress of labor, prevent complications, and provide a safe and positive childbirth experience.**Objective:** This case study aims to describe the implementation of comprehensive midwifery care in a woman with normal labor and to evaluate the outcomes of the interventions provided during the first stage of labor. **Method:** This study used a case study method with a midwifery care management approach. The subject of this case study was Mrs. W, a 20-year-old woman, G1P0A0, with a gestational age of 39 weeks, who came to Klinik Pratama Niar Timbang Deli on April 28, 2026, with complaints of lower abdominal tightening that had been occurring for several hours and was becoming more frequent. Data were collected through history taking, observation, physical examination, obstetric examination, and documentation using the SOAP method. **Results:** The assessment results showed that Mrs. W was in the latent phase of the first stage of labor with good general condition, vital signs within normal limits, and a fetal heart rate of 150 beats per minute. Obstetric examination revealed a single live intrauterine fetus in cephalic presentation, with the fetal head having entered the pelvic inlet. The midwifery care provided included informing the mother about the examination results, teaching relaxation and breathing techniques during contractions, encouraging rest between contractions, ensuring adequate nutritional and fluid intake, providing communication, information, and education about the signs of labor, and giving emotional support to the mother and her family. **Conclusion:** Comprehensive midwifery care is effective in supporting normal labor, especially in primigravida mothers, by improving maternal comfort, maintaining maternal and fetal stability, and promoting safe labor progress.

Keywords: Normal Labor, Midwifery Care, Primigravida, First Stage Of Labor, Case Study

INTRODUCTION

Pregnancy, involving the expulsion of the fetus, placenta, and fetal membranes from the uterus through the birth canal. Normal labor is defined as spontaneous labor occurring at term pregnancy (37–42 weeks of gestation), with cephalic presentation, and without complications for either the mother or the fetus (Hipson & Anggraini, 2021). Maternal health is one of the most important indicators used to assess the health status of a country. According to the World Health Organization, maternal health refers to the health of women during pregnancy, childbirth, and the postpartum period, all of which must be managed safely and with quality care (World Health Organization, 2024). However, maternal mortality remains a major global health problem. Data indicate that in 2020 there were approximately 287,000 maternal deaths caused by complications related to pregnancy and childbirth, most of which could actually have been prevented through optimal health services (World Health Organization, 2025). Normal Childbirth Care is an important effort in reducing maternal and neonatal morbidity and mortality. The principles of Normal Childbirth Care emphasize that labor is a physiological process requiring support, monitoring, and minimal but appropriate intervention (Farzani, 2025). In addition, quality midwifery services should include monitoring the progress of labor, early detection of complications, and prompt and appropriate management to ensure the safety of both mother and baby (World Health Organization, 2025).

The success of normal childbirth is influenced by include age, parity, health condition, and physical as well as psychological readiness. Fetal factors include fetal position, presentation, and size, while environmental factors include family support and the quality of health services received (Lestari et al., 2024). Furthermore, maternal compliance with antenatal care visits is also associated with the smooth progress of labor (Sunarto et al., 2024).In primigravida women (G1P0A0), the first childbirth is a new experience that requires greater attention and more intensive monitoring because the mother has no prior experience in dealing with the labor process. Therefore, comprehensive midwifery care is needed from the first stage to the fourth stage of labor to ensure that childbirth proceeds normally, safely, and provides a positive birth experience for the mother. Based on this background, the author is interested in conducting a case study entitled **"**Midwifery Care for Normal Labor in Mrs. W, G1P0A0, at 39 Weeks of Gestation at Klinik Pratama Niar Timbang Deli, Medan Amplas District, Medan City, North Sumatra", in order to provide a real description of the implementation of midwifery care in normal childbirth and to improve the quality of midwifery services.

METHOD

This study employed a descriptive case study design to provide a comprehensive overview of the implementation of midwifery care in a normal labor case. The subject of this study was Mrs. W, a 20-year-old primigravida (G1P0A0) with a gestational age of 39 weeks who underwent normal labor at Niar Pratama Clinic, Timbang Deli, Medan Amplas District, Medan City, North Sumatra. Data collection was conducted through direct interviews (anamnesis), physical and obstetric examinations, observation of the labor process, and review of supporting documentation. The midwifery care process was carried out using a systematic management approach, including assessment, identification of diagnoses and problems, planning, implementation, and evaluation of care. Documentation was recorded using the SOAP (Subjective, Objective, Assessment, and Plan) format.The purpose of this case study was to describe and analyze the application of midwifery care during normal labor, ensuring

that the care provided was in accordance with the standards of Normal Childbirth Care (Asuhan Persalinan Normal/APN) and aimed at promoting maternal and neonatal well-being.

RESULT

Mrs. W, a 20-year-old primigravida (G1P0A0) with a gestational age of 39 weeks, presented to Niar Pratama Clinic, Timbang Deli, Medan Amplas District, Medan City, North Sumatra, on April 28, 2026, at 08:50 WIB accompanied by her husband. She complained of regular lower abdominal contractions that had begun several hours before admission and had progressively increased in frequency and intensity. This was her first pregnancy, and she reported no history of abortion or previous childbirth.The subjective assessment revealed that the pregnancy had been planned and well accepted by both the mother and her family. Fetal movements were still perceived actively by the mother, approximately 10–20 times within the previous 24 hours. During the third trimester, the mother experienced intermittent abdominal tightening consistent with the onset of labor. No complaints of severe headache, blurred vision, vaginal bleeding, edema, (Berg *et al.*, 2026)

Dysuria, or abnormal vaginal discharge were reported. The mother expressed mild anxiety regarding the labor process, which is commonly observed in primigravida women.Physical examination demonstrated that the mother was in good general condition and fully conscious (compos mentis). (Marliani *et al.*, 2022)Vital signs were within normal limits, including blood pressure of 116/63 mmHg, pulse rate of 80 beats per minute, respiratory rate of 20 breaths per minute, and body temperature of 36°C. Nutritional assessment showed a pre-pregnancy weight of 53 kg and a current weight of 61.4 kg, indicating appropriate gestational weight gain. The Mid-Upper Arm Circumference (MUAC) was 25 cm, suggesting adequate maternal nutritional status.Obstetric examination revealed a fundal height of approximately 27 cm, corresponding to the gestational age. Leopold maneuvers showed that the fetal buttocks occupied the uterine fundus, the fetal back was located on the maternal left side, and the fetal head was presenting and engaged in the pelvic inlet(Hardaniyati, Ariendha and Rohmah, 2024).

Fetal heart rate was recorded at 150 beats per minute with a regular rhythm, indicating reassuring fetal well-being. Estimated fetal weight was approximately 2,480 grams. Uterine contractions were present and regular, supporting the diagnosis of labor onset.Laboratory investigations showed a hemoglobin level of 12.5 g/dL, while urine protein and urine glucose tests were negative. These findings indicated that the mother was not experiencing anemia, proteinuria, or gestational diabetes-related complications. No signs of obstetric or medical complications were identified during the examination.Based on the subjective and objective findings, the midwifery diagnosis established was Mrs.(Budiani, 2023) (Kesehatan and Indonesia, no date)W, 20 years old, G1P0A0, at 39 weeks of gestation with a singleton live intrauterine fetus in cephalic presentation, experiencing the first stage of labor in the laten.

The condition of both mother and fetus was considered stable and within normal physiological limits.Midwifery interventions were implemented according to the standards of Normal Delivery Care (Asuhan Persalinan Normal/APN). (Hazma, 2023)The mother and her family were informed about the examination results and the progress of labor.(Ribur *et al.*, 2024) Health education was provided regarding the signs and stages of labor, breathing techniques, relaxation methods, and the importance of maintaining adequate nutrition and hydration during labor. The mother was encouraged to rest between contractions to conserve energy and prepare for the active phase of labor. Emotional support was continuously provided to reduce anxiety and promote maternal comfort (Muin *et al.*, 2021) .

The husband was encouraged to remain present and actively support the mother throughout the labor process.During implementation, the mother demonstrated a positive response to the interventions. She was able to understand the information provided, practice the recommended breathing techniques appropriately, and comply with advice.regarding rest, nutrition, and hydration. Emotional support from healthcare providers and family members contributed to increased maternal confidence and reduced anxiety. The husband remained supportive and actively participated in providing comfort to the mother.Evaluation of the provided care indicated that the objectives of the midwifery interventions were achieved. The mother demonstrated an understanding of her condition and the labor process, successfully applied breathing and relaxation techniques during contractions, and maintained adequate nutritional and fluid intake. Maternal anxiety decreased following counseling and emotional support. No signs of maternal or fetal distress were observed during the observation period. Maternal vital signs remained stable, fetal heart rate remained within the normal range, and labor progressed physiologically without evidence of complications.(Imran *et al.*, 2022)

Overall, the results of this case study demonstrated that comprehensive midwifery care, including physical assessment, emotional support, health education, and continuous monitoring, contributed to maintaining the well-being of both mother and fetus during the early stage of normal labor. The labor process progressed normally, and no maternal or neonatal complications were identified throughout the period of observation. This case highlights the importance of evidence-based midwifery practice in supporting a safe and positive childbirth experience for primigravida women(Eka Sasmita, Syahda and Handayani, 2023)

DISCUSSION

The findings of this case study indicate that normal labor in a primigravida woman can progress physiologically when maternal and fetal conditions remain within normal limits and appropriate midwifery care is provided. The patient, a 20-year-old primigravida at 39 weeks of gestation, presented with regular uterine contractions and discomfort in the lower abdomen,which are common signs of the onset of labor. These findings demonstrate the natural physiological preparation of the maternal body for childbirth and confirm that labor was progressing normally without evidence of maternal or fetal complications. From a physiological perspective, the onset of labor is associated with complex hormonal and mechanical changes involving(Munthe,) increased uterine sensitivity to oxytocin, elevated prostaglandin production, and cervical ripening. (Dimitrios, Angeliki, 2023)

These processes result in effective uterine contractions that facilitate cervical dilatation and fetal descent. In this case, the patient experienced regular contractions, fetal movements remained active, and the fetal heart rate was within the normal range.These findings are consistent with current obstetric theories that describe labor as a physiological process resulting from coordinated maternal and fetal adaptations. An important finding in this case was the favorable maternal and fetal condition throughout the assessment period. (Nurul Ariningtyas, Yulia Adhisty, 2025)

The patient's vital signs remained stable, including blood pressure, pulse, respiratory rate, and body temperature. In addition, fetal heart rate monitoring showed normal findings, indicating adequate fetal well-being. The Leopold examination confirmed a cephalic presentation with the fetal head already engaged in the pelvic inlet, which is considered the most favorable condition for vaginal birth. These objective findings support the diagnosis of normal labor during the latent phase of the first(Report *et al.*, 2024)The positive outcomes observed in this case also be associated with the implementation of comprehensive midwifery

care. The interventions provided included health education, breathing and relaxation techniques, nutritional support, adequate hydration, rest, and emotional support from both healthcare providers and family members. These interventions are essential components of evidence-based intrapartum care and aim to enhance maternal comfort while supporting the physiological progression of labor.(Siti Nurmawan Sinaga, 2025)

The patient's ability to understand and follow the recommended breathing techniques suggests that non-pharmacological approaches can effectively assist women in coping with labor discomfort.Another significant aspect of this case is the role of psychological support during labor. As a primigravida woman, the patient was experiencing labor for the first time and therefore had the potential to experience anxiety or fear. However, emotional support from her husband and healthcare providers appeared to contribute positively to her psychological condition. Previous studies have demonstrated that continuous support during labor can reduce maternal anxiety, improve satisfaction with the childbirth experience, and promote positive birth outcomes. The findings in this case are consistent with those observations, as the patient appeared calmer and more confident after receiving counseling and support. Furthermore, the case highlights the importance of health education in preparing women for childbirth. Information (Simarmata *et al.*, 2024)

Degarding the signs of labor, breathing techniques, nutritional needs, and self-care measuresenabled the patient to participate actively in her own care. Such educational interventions are particularly important for primigravida women who may have limited knowledge and experience regarding the labor process. Increased maternal understanding can improve coping abilities and facilitate adaptation to the physical and emotional demands of childbirth. The implications of this case are particularly relevant for midwifery practice. Early identification of labor, comprehensive assessment, continuous monitoring of maternal and fetal conditions, and provision of woman-centered care are essential for ensuring safe and positive childbirth experiences.Midwives play a critical role in promoting normal birth by providing evidence-based interventions, emotional support, and education while minimizing unnecessary medical interventions in low-risk pregnancies. Overall, this case demonstrates that comprehensive midwifery management contributes significantly to the successful management of normal labor in a primigravida woman. The findings reinforce the importance of integrating physical assessment, emotional support, health education, and continuous monitoring into routine intrapartum care. Such a holistic approach not only promotes maternal and fetal well-being but also supports a safe, positive, and satisfying childbirth experience.(Adnani, Gilkison and McAra-Couper, 2022)

CONCLUSION

Based on the midwifery care provided to Mrs. W, a 20-year-old primigravida (G1P0A0) at 39 weeks of gestation, it can be concluded that the client experienced the early signs of labor characterized by regular uterine contractions and lower abdominal discomfort. The subjective assessment revealed that the pregnancy was progressing normally without significant complications.The objective findings showed that the mother's general condition was stable, with normal vital signs, adequate nutritional status, and no pathological abnormalities. Fetal assessment indicated a single live intrauterine fetus in cephalic presentation with a normal fetal heart rate of 150 beats per minute. Laboratory examinations, including hemoglobin level (12.5 g/dL), urine protein, and urine glucose, were within normal limits.The midwifery diagnosis established was a normal term pregnancy at 39 weeks gestation with a single live fetus in

cephalic presentation, entering the first stage of labor (latent phase). No actual or potential complications were identified during the assessment.Midwifery interventions focused on providing health education, relaxation and breathing techniques, emotional support, adequate nutrition and hydration, and encouraging family involvement, particularly support from the husband. These interventions were implemented successfully according to established midwifery standards.

The evaluation demonstrated positive outcomes, as the mother understood her condition, was able to practice relaxation techniques effectively, remained emotionally stable, and received strong family support. Both maternal and fetal conditions remained normal throughout the observation period. Therefore, the comprehensive midwifery care provided contributed to a safe, comfortable, and physiological labor process while promoting positive maternal and fetal well-bein and contribute to a positive childbirth experience. Therefore, midwives play a vital role not only in monitoring the progress of labor but also in empowering mothers and families through education, reassurance, and supportive care during one of the most important events in a woman's life.

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