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MIDWIFERY CARE MANAGEMENT OF MRS. S, G2P1A0, BREECH PRESENTATION, 38 WEEKS 5 DAY

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ABSTRACT

Background: Breech presentation where the fetal buttocks or lower extremities present to the birth canal occurs in approximately 3-4% of term pregnancies and is associated with increased maternal and neonatal morbidity and mortality. Pregnancy and childbirth complications remain leading causes of maternal and perinatal death, with a disproportionate burden in developing countries; Indonesia's MMR was 189 per 100,000 live births . **Objective:** To describe the role of comprehensive midwifery care management in improving maternal and neonatal safety during breech deliveries. **Methods:** Case report and practice review of a care model involving continuous monitoring of maternal and fetal conditions and interventions aligned with professional midwifery standards throughout labor and postpartum observation. **Results:** Implementation of comprehensive, continuous midwifery management enabled a physiological vaginal birth in breech presentation with favorable maternal and neonatal outcomes and no complications during labor or postpartum observation. **Conclusion:** Comprehensive, continuous midwifery care delivered according to professional standards substantially contributes to maternal and neonatal safety in breech deliveries and supports progress toward SDG target 3 by improving the quality of maternal and neonatal health services.

Keywords: breech presentation, parturition,labor

INTRODUCTION

Breech presentation is a fetal malpresentation in which the buttocks, one or both lower limbs, or both serve as the leading part entering the birth canal, while the fetal head occupies the uterine fundus. The incidence of breech presentation at term ranges from 3–4% of all deliveries. Although its prevalence is relatively low, its contribution to maternal and perinatal morbidity and mortality remains significant.Labor with breech presentation carries a higher risk of complications compared to vertex presentation. In the fetus, potential complications include neonatal asphyxia, umbilical cord prolapse, birth trauma, and even perinatal death..(Urizky *et al.*, 2024)skin tone, and scored 10 on the Apgar assessment at both one and 11five minutes.This elevated risk is primarily related to the mechanism of breech delivery, in which the fetal head, as the largest part, is delivered last during the final stage of labor, making it prone to delayed expulsion (after-coming head).Several predisposing factors associated with breech presentation include prematurity, multiparity, multiple pregnancy, placenta previa, uterine anomalies, pelvic contraction, and fetal congenital anomalies. Given the complexity of

these risk factors, early detection through comprehensive antenatal care is an essential component in the management of pregnancies complicated by breech presentation(Astuti and Putri, 2024)In efforts to reduce Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR), midwives hold a strategic role in providing comprehensive and continuous midwifery care, particularly in high-risk cases such as breech presentation.

The application of midwifery care management using Varney's seven-stepIn efforts to.(dede Waslia, 2021). reduce Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR), midwives hold a strategic role in providing comprehensive and continuous midwifery care, particularly in high-risk cases such as breech presentation. The application of midwifery care management using Varney's seven-stepapproach enables the delivery of systematic care oriented toward clinical problem-solving, from assessment through evaluation. Based on the foregoing, this article aims to describe the implementation of midwifery care management for Mrs. S, a 20-year-old G2P1A0 at 38 weeks 5 days of gestation presenting with breech presentation at Klinik Pratama Salbiyana in 2026, as an effort to support comprehensive midwifery care in cases of labor complicated by malpresentation

METHODS

This study utilized a descriptive case study approach to illustrate the provision of comprehensive midwifery care for a woman experiencing breech presentation. The case was conducted at Klinik Pratama Salbiyana in 2026 and involved Mrs. S, a 20-year-old gravida 2 para 1 abortus 0 woman at 38 weeks and 5 days of gestation with a breech-presenting fetus.

Data were obtained through anamnesis, direct observation, physical and obstetric examinations, and the review of relevant clinical documentation. The assessment encompassed maternal history, vital signs, abdominal palpation findings, fetal heart rate evaluation, vaginal examination results, labor

Midwifery care was implemented using Helen Varney's seven-step management framework, which includes data collection, identification of diagnoses and problems, recognition of potential complications, immediate interventions, care planning, implementation, and evaluation. Continuous monitoring was performed throughout the labor process to assess maternal and fetal conditions and to detect any emerging complications promptly.

Data analysis was conducted descriptively by comparing case findings with established theoretical references and evidence-based midwifery practices .Ethical considerations were maintained throughout the study, including obtaining informed consent, ensuring patient confidentiality, and protecting participant privacy during data collection and documentation. (Urizky *et al.*, 2024)

The purpose of this case study was to describe the application of comprehensive midwifery management in a woman with breech presentation and to evaluate the maternal and neonatal outcomes following the provision of care.

RESULTS AND DISCUSSIONS

Mrs. S, a 20-year-old G2P1A0 woman at 38 weeks and 5 days of gestation, was admitted to Klinik Pratama Salbiyana at 05:20 a.m. on April 6, 2026, reporting lower abdominal pain radiating to the back along with blood-tinged mucus discharge. On examination, her vital signs were within normal limits, with a blood pressure of 110/70 mmHg, pulse of 83 beats per minute, respiratory rate of 23 breaths per minute, and body temperature

of 36.5°C; the fetal heart rate was recorded at 140 beats per minute. Pelvic examination identified a cervix that was 8 cm. dilated and 80% effaced, with soft consistency, fetal station at Hodge III, and a frank breech presentation, in which the buttocks presented (Astuti and Putri, 2024) as the leading part while both hips remained flexed and the knees fully extended.

Labor progressed with adequate uterine contractions, and fetal status stayed reassuring throughout monitoring. (Tauhid and Purnamasari, 2022)in correcting breech presentation to cephalic presentation within seven daysComplete dilatation was reached at 06:00 a.m., and the membranes ruptured spontaneously thereafter, releasing clear amniotic fluid. At 06:30 a.m., a male infant was born vaginally through application of the Bracht maneuver — an approach suited to frank breech deliveries, relying on maternal pushing effort combined with a gentle backward-and-upward rotation of the fetal trunk rather than direct traction. The neonate weighed 2,600 grams, measured 49 cm, cried spontaneously at birth, showed vigorous movement and normal.

The third stage was actively managed with prophylactic oxytocin given right after delivery, and the placenta was expelled intact by 06:40 a.m. with no associated complications. Throughout the fourth stage, the mother's condition remained stable, with firm uterine contraction, the fundus palpable two fingerbreadths below the umbilicus, and total blood loss estimated at roughly 150 mL. Neither maternal nor neonatal complications arose during the course of care. Overall, the application of comprehensive midwifery management guided by Varney's seven-step framework was associated with favorable outcomes for both mother and newborn This case study revealed that the application of comprehensive midwifery care through Helen Varney’s seven-step management framework was associated with positive maternal and neonatal outcomes in a woman with a frank breech presentation at 38 weeks and 5 days of gestation. The labor process proceeded normally without notable complications during either the intrapartum or postpartum period, and both the mother and newborn maintained stable clinical conditions throughout the continuum of care.(Tauhid and Purnamasari, 2022)

Frank breech presentation is recognized as the most prevalent form of breech presentation at term. It is characterized by fetal hip flexion and knee extension, resulting in the buttocks presenting first. Relative to complete and incomplete breech presentations, frank breech presentation is associated with a reduced likelihood of umbilical cord prolapse and is generally considered more suitable for planned vaginal birth. These anatomical and clinical characteristics may have contributed to the favorable labor outcome observed in this case.

The successful vaginal delivery observed in this study reinforces the view that breech presentation alone should not be regarded as an absolute indication for operative delivery. Appropriate case selection remains essential and includes consideration of gestational age, fetal presentation, estimated fetal size, maternal pelvic adequacy, labor progression, and fetal well-being. In the present case, the pregnancy had reached term, the fetus was singleton, maternal

condition remained stable, labor progressed satisfactorily, and fetal heart rate monitoring consistently demonstrated reassuring findings, supporting the decision for vaginal delivery. is also extended to healthcare workers and related parties who assisted in the data collection process.

CONCLUSIONS

Based on the case study of Mrs. S, a 20-year-old G2P1A0 woman at 38 weeks and 5 days of gestation with a diagnosis of frank breech presentation at Klinik Pratama Salbiyana in 2026, it can be concluded that the application of comprehensive midwifery care utilizing Helen Varney's seven-step management framework led to positive maternal and neonatal outcomes.These results suggest that, in well-selected clinical cases, breech presentation may be safely managed through vaginal delivery when supported by standardized, evidence-based midwifery care. Accordingly, comprehensive midwifery care plays a crucial role in enhancing maternal and neonatal safety and contributes to the attainment of the Sustainable Development Goals (SDGs), particularly in reducing maternal and neonatal mortality.

1. For Health Professionals (Midwives)

Midwives are expected to strengthen their competencies in the early identification of high-risk pregnancies, particularly fetal malpresentation, and to apply evidence-based midwifery care in a systematic manner. Clinical decisions should be grounded in a thorough assessment of both maternal and fetal conditions in order to reduce the potential risk of complications.

2. For Healthcare Facilities Healthcare institutions are encouraged to enhance maternal and neonatal emergency care services by providing adequate facilities and infrastructure, improving the skills and competencies of healthcare personnel, and ensuring that referral systems are efficient, timely, and well-coordinated for high-risk obstetric cases.

3. For Pregnant WomenPregnant women are advised to undergo regular and comprehensive antenatal care (ANC) visits to facilitate early detection of pregnancy-related risk factors, including fetal malpresentation, thereby allowing for safe and appropriate birth planning.

4. For Future Researchers Future research is recommended to employ larger sample sizes or comparative analytical study designs to produce stronger evidence and improve the generalizability of findings related to the effectiveness of midwifery care in cases of breech presentation Labor was managed vaginally with close and continuous monitoring of both maternal and fetal conditions

throughout all stages of delivery. No complications were observed during the entire intrapartum period (stage I to stage IV) or in the early postpartum phase. The neonate was delivered spontaneously, cried immediately after birth, exhibited good muscle tone, and remained clinically stable with normal Apgar scores. The mother's postpartum condition was also stable, as indicated by appropriate uterine involution and physiological blood loss.

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CONFLICT OF INTEREST AND FUNDING DISCLOSURE

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AUTHOR CONTRIBUTIONS

Klarasati: Conceptualization,Investigation,Data Curation,Formal Analysis,Writing,Original Draft

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Nurazizah: Supervision,Methodology,Validation,Writing,Review And Editing

Salbiyana: Data Curation,Formal Analysis,Writing,Original Draft

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