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COMPREHENSIVE MIDWIFERY CARE FOR MRS. N AT INDEPENDENT MIDWIFERY PRACTICE (BPM) HUTRI PRAWITA SUBULUSSALAM CITY

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ABSTRACT

Background: Pregnancy, labor, postpartum, and newborn periods are continuous physiological processes, yet they still carry risks of life-threatening complications for both mother and baby. Based on data from the Subulussalam City Health Office in 2025, maternal death cases and 25 infant death cases were recorded. The Continuity of Care (CoC) approach is an effective strategy for early detection of high-risk factors and reducing Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR).**Objective:** To provide comprehensive and continuous midwifery care (Continuity of Care) to Mrs. N starting from the third trimester of pregnancy, labor, postpartum period, newborn, up to family planning (KB) services using a SOAP-based midwifery management documentation approach.**Method:** This study uses a descriptive qualitative method with a comprehensive case study approach. The subject of the study was Mrs. N, 26 years old, G3P2A0. Primary data collection was conducted through direct observation, interviews, and physical examination (head-to-toe and Leopold's palpation). Secondary data were obtained from the Maternal and Child Health (KIA) handbook, ultrasound (USG) results, and the PMB register. Care was implemented at PMB Hutri Prawita Bancin, AM.Keb from March to July 2026. **Results:** Antenatal care (ANC) was provided across 2 visits at 30 weeks 2 days and 38 weeks of gestation, showing that the maternal and fetal conditions were within normal limits. On May 26, 2026, at 05:00 AM WIB, the mother entered the active phase of the first stage of labor (INC). The entire process from pregnancy to labor was well-documented. **Conclusion:** The implementation of comprehensive midwifery care for Mrs. N proceeded according to midwifery service standards, and no complications or pathological difficulties were found in either the mother or the fetus.

Keywords: *Comprehensive Care, Continuity of Care, Pregnancy, Labor, SOAP.*

INTRODUCTION

Pregnancy is a crucial period in a woman's life involving significant physiological and psychological changes. According to the World Health Organization (WHO), the global Maternal Mortality Rate, with main complications including hemorrhage, hypertension, preeclampsia, infection, and prolonged labor.

Nationally, the SDGs targets demand a massive reduction in MMR to reach 70 per 100,000 live births. In Aceh Province, hemorrhage (49%) and hypertensive disorders (18%) dominate the causes of high maternal mortality.

On a regional scale, data from the Subulussalam City Health Office in 2025 showed 2 maternal death cases (among others caused by hemorrhage, hypertension, and infection) and infant mortality reaching 25 cases. At PMB Hutri Prawita Bancin itself, the scope of midwifery services in March 2026 recorded stable visits from pregnant women (33 people) and normal deliveries (16 cases).

As a concrete step to support government programs in improving the survival and quality of life for mothers and children, a continuous care (continuity of care) approach was conducted. This continuous care was directly applied to Mrs. N (26 years old) at PMB Hutri Prawita Bancin, Penanggalan District, Subulussalam City, covering the third trimester of pregnancy, labor, postpartum, newborn, up to family planning services.

RESEARCH METHOD

This study uses a descriptive qualitative method with a comprehensive case study approach. The research location was at the Independent Midwifery Practice (PMB) of Midwife Hutri Prawita Bancin, AM.Keb, Teuku Umar Street, West Penanggalan, Subulussalam City. The implementation time started from March to July 2026.

The subject in this case study report was Mrs. N, 26 years old, G3P2A0 with the First Day of the Last Menstrual Period (HPHT) on August 15, 2025, and an Estimated Date of Confinement (TTP) on May 22, 2026. Data collection used instruments in the form of midwifery care formats, observation sheets, physical examination tools for pregnancy/labor (sphygmomanometer, doppler, partus set, etc.), as well as direct interview techniques (primary data). Secondary data were obtained through documentation studies of the KIA Handbook and the patient's medical records.

RESULTS

1. Pregnancy Midwifery Care (Ante Natal Care)

Visit I (March 16, 2026, Gestational Age 30 Weeks 2 Days):

The mother came for a pregnancy check-up with no chief complaint. Objective data showed BP: 110/70 mmHg, weight: 68 kg, MUAC (LILA): 29 cm, symphysis-fundal height (TFU):

32 cm, cephalic presentation, the head had not entered the pelvic inlet (convergent), fetal heart rate (DJJ): 135 bpm, and Hb: 11.5 gr%. The midwifery diagnosis was Mrs. N, 26 years old, G3P2A0, gestational age 30 weeks 2 days, single live fetus. The care plan included providing nutritional education, teaching pregnancy exercises, administering iron (Fe) tablets, explaining the discomforts of the third trimester, and identifying the danger signs of pregnancy.

Visit II (April 25, 2026, Gestational Age 38 Weeks):

The mother stated she fatigued easily, with no pathological complaints. Objective data showed BP: 120/80 mmHg, weight: 70 kg, MUAC: 30 cm, TFU: 36 cm, cephalic presentation, the head had entered the pelvic inlet (divergent), DJJ: 145 bpm, and Hb: 12 gr%. The mother was given counseling regarding labor preparation (baby supplies, important documents), breast care, lactation management, and distinguishing true versus false labor signs.

2. Labor Midwifery Care (Intra Natal Care)

On May 26, 2026, at 05:00 AM WIB, Mrs. N arrived at the delivery room of PMB Hutri Prawita Bancin complaining of labor pains radiating from her lower back to the symphysis, which were becoming increasingly frequent, accompanied by the discharge of blood-tinged mucus (bloody show). Psychologically, the mother felt anxious but happy to face the birth of her child. Uterine contractions were regular with a frequency of 3-4 times in 30 minutes, lasting 20-40 seconds. The recent elimination history (urination & defecation) was monitored as normal and smooth in the morning.

DISCUSSION

The pregnancy care process for Mrs. N was carried out 2 times in the third trimester, fulfilling the minimum standard of 6 examinations during pregnancy according to the Regulation of the Minister of Health of the Republic of Indonesia (Permenkes RI) No. 21 of 2021. Measurements of the 10T components (Weight measurement, BP measurement, MUAC, TFU, Fetal Heart Rate, Immunization status, Fe tablets, Lab tests, Case management, Counseling) were all within normal limits. The complaint of fatigue during the initial visit was managed with the intervention of iron tablet administration and education on consuming fruits high in iron (beetroot juice/guava), resulting in an increase in the mother's Hb level from 11.5 gr% to 12 gr% at 38 weeks of gestation.

During the labor care on May 26, 2026, the clinical manifestations shown by Mrs. N, consisting of adequate uterine contractions and the discharge of a bloody show, signified the onset of the active phase of the first stage of labor. This aligns with the theory of physiological cervical changes undergoing effacement and maximum dilation. Good psychosocial preparation from the support of the midwife and family successfully minimized the mother's anxiety level, which clinically supported the optimal release of natural oxytocin hormone for the smooth progress of spontaneous labor.

CONCLUSION

Based on the results of the comprehensive midwifery care (continuity of care) implemented for Mrs. N at PMB Hutri Prawita Bancin in 2026, it is concluded that the execution of third-trimester pregnancy care conformed to the integrated 10T antenatal service standards. Maternal and fetal health statuses were monitored as physiological without complications, and the labor process started spontaneously with normal clinical signs of the active phase of the first stage.

SUGGESTIONS

1. **For the Practice Facility (PMB):** It is expected to maintain and improve the quality of comprehensive midwifery services according to standard guidelines to reduce the risk of maternal and infant mortality in Subulussalam City.

2. **For the Educational Institution:** It is expected to continuously guide students to become more skilled in mastering continuous midwifery management as well as accurate SOAP documentation.

3. **For the Patient:** It is hoped that the results of this care will increase knowledge for Mrs. N and her family regarding the importance of CoC care, lactation care, postpartum care, and postpartum family planning program planning.

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