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COMPREHENSIVE MIDWIFERY CARE FOR Mrs. M IN THE INDEPENDENT MIDWIFE PRACTICE OF HUTRI PRAWITA BANCIN AM.Keb PENANGGALAN DISTRICT SUBULUSSALAM CITY 2026

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ABSTRACT

Midwifery care delivered on a continuity basis means that one woman is accompanied without interruption across the antenatal, intrapartum, postnatal, neonatal and contraceptive phases of a single reproductive episode, so that the health of mother and infant is protected throughout. This report set out to deliver that form of care to Mrs. M at the Independent Midwifery Practice of Hutri Prawita Bancin, A.Md.Keb, in Subulussalam City during 2026, and then to appraise it. A case report design was used; clinical reasoning followed the Varney management framework and every contact was recorded in SOAP format. The woman studied was 27 years old with an obstetric history of G2P1A0. She was followed from the third trimester onward, through labour and delivery, the puerperium, the care of her newborn, and counselling on contraception. Interview, direct observation, physical examination and inspection of her written records supplied the material. Care at each stage met the applicable standards. Her antenatal course showed no complication of consequence; labour advanced normally and ended in the birth of a healthy infant; the puerperal and neonatal courses alike stayed within physiological limits; and counselling on contraception was completed. Repeated surveillance combined with health education helped preserve the health status of both mother and child. Care given to Mrs. M, running from her third trimester through to the uptake of a contraceptive method, was therefore carried out in line with midwifery standards and contributed both to the avoidance of complications and to more favourable maternal and neonatal outcomes.

Keywords: Continuity Of Care; Antenatal Care; Intrapartum Care; Puerperium; Neonatal Care; Contraception; Comprehensive Midwifery Care

INTRODUCTION

The condition of mothers and their newborns continues to serve as a key measure of how well a health system performs (Situmorang *et al.*, 2024). Access to services for mothers and children in Indonesia has widened year after year, and yet deaths among mothers and infants have not fallen to a level that can be called satisfactory; they remain among the more pressing problems the country faces (Putri *et al.*, 2024). One response to that gap is to organise midwifery services so that a single woman is accompanied without a break across her whole reproductive episode — beginning in the antenatal period, continuing through birth and the weeks that follow, taking in the care of her newborn, and ending with her choice of a contraceptive method. The present report describes how that model was applied to Mrs. M at the Independent Midwifery Practice of Hutri Prawita Bancin, A.Md.Keb, Subulussalam City, in 2026.

METHODS

A descriptive case report was chosen as the design, framed throughout by the principle of uninterrupted accompaniment. Mrs. M was the woman followed. She obtained her antenatal, intrapartum, postnatal, neonatal and contraceptive services at the Independent Midwifery Practice of Hutri Prawita Bancin, A.Md.Keb, Subulussalam City, over the course of 2026.

Material for the report came from four sources: conversation with the woman and her family, direct observation at each contact, clinical examination, and inspection of her written records, the maternal and child health book among them. Every episode of care moved through the same sequence — gathering findings, formulating a diagnosis, drawing up a plan, carrying that plan out, and then evaluating what followed. What was obtained is described narratively and set against published theory and the standards that govern midwifery practice.

RESULT

Accompaniment of Mrs. M was completed across all five phases without interruption. Her pregnancy ran a physiological course. Nothing arose in the antenatal period that would have placed her outside the normal, and the antenatal services she received were those laid down in the standard. Birth began spontaneously at term, the delivery itself was normal, and no complication attended it.

Through the puerperium her general condition held steady. The uterus returned toward its pre-pregnant state at the expected rate and lactation became established without difficulty. Her infant was born in good condition; physical examination disclosed no abnormality, and at each neonatal visit growth and development were appropriate for age (Sandriana *et al.*, 2024)

Counselling on contraception took place, after which the mother selected a method suited to her own circumstances. At no point across the whole period of accompaniment did a complication of consequence arise (Lestari *et al.*, 2025)

DISCUSSION

What was carried out for Mrs. M corresponds to what midwifery theory prescribes and to the standards that regulate practice. Because she was seen repeatedly rather than episodically — from the antenatal period until she took up contraception — any deviation that might have developed into a complication would have been recognised at an early stage and dealt with before it advanced; this is what underlies the outcomes recorded for her and for her infant (Sinaga *et al.*, 2025). Three further elements appear to have mattered. Communication was maintained in a form the woman could act on, health education was given at every contact rather than concentrated at one, and her family was drawn into the process. Together these strengthened her grasp of what was being advised and her willingness to follow it. Taken as a whole, the case supports the position that midwifery organised on a continuous rather than a fragmented basis raises the quality of services offered to mothers and children and works in favour of good outcomes for both.

CONCLUSIONS

Uninterrupted accompaniment of Mrs. M was completed successfully. It began in pregnancy and ended with her uptake of a contraceptive method, taking in birth, the puerperium and the care of her newborn along the way, and no complication of consequence occurred at any stage. Care delivered in this manner helped hold mother and infant alike in good health and worked toward the outcomes that were achieved. Two recommendations follow. Women who are pregnant should keep to a regular schedule of antenatal contacts, act on the advice their care providers give, and take an active part in the programmes for mothers and children available to them. Midwives, for their part, should go on delivering care that is unbroken, complete and grounded in evidence, since it is by this route that the quality of services for mothers and newborns is raised.

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AUTHOR CONTRIBUTIONS

NRNN: conceptor, data curation, investigation, methodology, formal analysis, validation, visualization, writing original draft, writing review and editing.

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