The 6th Mitra Husada Health International Conference (MiHHICo) 2026
Volume 6 (2026) ISSN: 2988-3768

MIDWIFERY CARE MANAGEMENT FOR 30-YEAR-OLD MISS M WITH HUMAN IMMUNODEFICIENCY VIRUS (HIV) AT HAJI HOSPITAL MEDAN IN 2024

Epi Putriani Zebua[1], Ariska Fauzianty[2], Lastini Siagian[3] , Nova Isabella Mariance Br Napitupulu[4], Mewah Dongoran[5]

[1,2,3,4]Sekolah Tinggi Ilmu Kesehatan Mitra Husada Medan, [5]Rumah Sakit Umum Haji Medan
E-mail: 2219201026 @mitrahusadamedan.ac.id, ariskafauzianty@mitrahusada.ac.id, 2219201055@mitrahusadamedan.ac.id , novaisabella@mitrahusada.ac.id, mewahdongoran@gmail.com

ABSTRACT

Background: Human Immunodeficiency Virus (HIV) remains a major global health problem due to its impact on the immune system and quality of life of affected individuals. Women of reproductive age living with HIV require comprehensive health services, including midwifery care, to prevent complications and improve their quality of life. **Objectives:** This study aimed to describe the implementation of midwifery care management for a 30-year-old woman diagnosed with HIV at Jabal Rahmah Ward, Haji Medan Hospital. **Methods:** This study used a descriptive case study design with Varney's 7-Step Midwifery Management Approach. Data were collected through interviews, physical examinations, observation, laboratory examination results, and medical record reviews. The study was conducted from 11–16 June 2024 at Jabal Rahmah Ward, Haji Medan Hospital. **Results:** The patient was a 30-year-old woman diagnosed with HIV stage III who presented with complaints of epigastric pain, nausea, vomiting, diarrhea five times daily, decreased appetite, dizziness, and weight loss. Physical examination showed blood pressure 100/70 mmHg, pulse 90 beats/minute, respiration 22 breaths/minute, temperature 37.5°C, and HIV reactive laboratory results. Midwifery care included infection prevention education, health monitoring, psychosocial support, nutritional counseling, and collaboration with the medical team. Evaluation showed that the patient's condition deteriorated during hospitalization and the patient died on 16 June 2024. **Conclusions:** Comprehensive midwifery care is essential in managing HIV patients. Early detection, treatment adherence, psychosocial support, infection prevention, and multidisciplinary collaboration play important roles in improving patient outcomes.
Keywords: HIV, Midwifery Care, HIV Management, Psychosocial Support, Case Study

INTRODUCTION

Human Immunodeficiency Virus (HIV) remains one of the world's biggest public health problems. Technically, HIV is a retrovirus that has a specific affinity for CD4+ T lymphocytes, a core component of the human adaptive immune system. This virus integrates its genetic material into host cells, replicates itself, and gradually destroys the CD4 T cell population. This drastic decrease in the number of CD4 T cells results in immune system failure (immunosuppression), which if not intervened will progress to the stage of AIDS (Acquired Immunodeficiency Syndrome), where the body loses the ability to fight opportunistic infections and malignancies. The handling of Ms. M's case at RSUD Haji Medan is in line with the global commitment to achieving the Sustainable Development

Goals (SDGs) 2030, specifically Goal Number 3 concerning Healthy and Prosperous Lives. Through appropriate midwifery care management interventions, midwives play a strategic

role in achieving target 3.3, namely ending the AIDS epidemic through consistent monitoring of ARV therapy to achieve Viral Suppression. Viral suppression, or a condition where the viral load is undetectable in the blood, is key to preventing disease transmission and increasing life expectancy. Furthermore, this care prioritizes the principle of gender equality (SDG No. 5) by emphasizing the urgency of protecting women's reproductive health rights. Ensuring female patients have full access to contraceptive information, safe pregnancy planning, and bodily autonomy without social pressure or discrimination is a concrete manifestation of gender equity in healthcare. According to the World Health Organization, there are approximately 39.9 million people living with HIV worldwide. HIV remains a major global public health problem, with an estimated 44.1 million lives claimed to date.(WHO, 2025)According to Indonesia's health profile, the number of reported HIV-positive cases over the past eleven years has tended to increase. In 2024, there were 63,707 reported HIV cases and 21,536 AIDS cases.(Indonesia, 2024) The Jabal Rahmah Room at Medan Haji Regional Hospital is a referral unit that treats patients with complex medical conditions, including HIV.(Rosmani, 2022)The existence of this unit is crucial in providing intensive and palliative care for PLHIV.(Sapeni et al., 2023)

In this case, Ms. M, aged 30, represents the Peak Productive Age group. This age is the phase when individuals have significant social and economic responsibilities, as well as active reproductive potential.(Dan et al., 2022)Therefore, HIV management in this group is highly urgent; failure to manage it will impact not only individual health but also national productivity and the risk of future vertical transmission if reproductive aspects are not managed with evidence-based care.(Riset, 2021)Adolescent reproductive health includes risky sexual behavior, including premarital sex which can result in unwanted pregnancy, sexual behavior involving changing partners,(Widhiyaningrum, Lutfiana and Faristiana, 2023) unsafe abortions, and risky behaviors leading to sexually transmitted infections (Sinaga.SN 2025, 2025) including HIV.(irfan 2023)This article discusses how midwifery theory is applied in practice to provide appropriate, humane, and evidence-based care. The midwife's role in this context extends beyond physical care to educators, motivators, and counselors.(Sapeni et al., 2023)The implementation of systematic midwifery care management using Varney's 7 Steps is crucial. Without this holistic approach, patients are highly vulnerable to the dangers of environmental stigma, which can lead to self-isolation and psychological distress. The mental stress caused by stigma is often a major cause of dropout or discontinuation of treatment.(Poli, Rs and Jember, 2017)If Varney's management does not address the psychosocial aspects in depth, medication compliance will decrease, leading to drug resistance and total failure to achieve therapeutic targets.(Munthe, 2022). Providing accurate health information can influence individuals' knowledge and attitudes regarding the maintenance of reproductive health and the prevention of HIV/AIDS-related risk behaviors.(Manurung *et al.*, 2025)

METHODS

This research uses a descriptive case study design. The data collection process was carried out through several methods, namely in-depth interviews (anamnesis) to determine the patient's medical history and current complaints. In addition, a physical examination was also conducted by monitoring vital signs and looking for possible signs of secondary infection. Supporting data was obtained through documentation studies, such as laboratory

test results and patient medical records at Medan Haji Regional Hospital. The researcher also conducted participatory observation by being directly involved in providing care to patients in the Jabal Rahmah Room. Appropriate treatment and a non-stigmatizing environment are very important to support the success of care for PLWHA (People Living with HIV/AIDS) during the practice period. The presence of this support creates a more conducive environment, provides motivation and new insights, and helps PLWHA in facing their life challenges.(Simanullang E, 2025).

This study employed a descriptive case study design using Varney's 7-Step Midwifery Management Approach to provide a comprehensive description of midwifery care management for a patient diagnosed with Human Immunodeficiency Virus (HIV). The study was conducted in Jabal Rahmah Ward, Haji Medan Hospital, North Sumatra, Indonesia, from 11 June to 16 June 2024. The subject of this study was Miss M, a 30-year-old woman diagnosed with HIV Stage III who was hospitalized with complaints of epigastric pain, nausea, vomiting, diarrhea, dizziness, decreased appetite, and weight loss. Data were collected through anamnesis, direct observation, physical examination, review of laboratory examination results, and documentation of patient medical records. The instruments used in this study included interview guides, observation sheets, physical examination forms, laboratory examination reports, medical records, and Varney's 7-Step Midwifery Management documentation format. Data were analyzed descriptively by comparing the findings obtained during the implementation of midwifery care with relevant theories, current literature, and standards of HIV management. This study was conducted after obtaining permission from Haji Medan Hospital. Ethical principles including confidentiality, anonymity, privacy, beneficence, and non-maleficence were maintained throughout the study, and the patient's identity was anonymized to protect confidentiality.

RESULTS

Baseline Data Assessment

Ms. M (30 years old) in the Jabal Rahmah Ward of Medan Haji Regional Hospital. Subjective data shows that the patient is aware of her HIV status and is undergoing treatment. Objective data shows that her general condition is stable, vital signs are within normal limits, but the patient appears anxious. The results of supporting examinations (laboratory) confirm the presence of the HIV virus in the patient's body. Based on the basic data, the diagnosis was made: "Ms. M, 30 Years Old with HIV". The problems identified are psychological disorders in the form of anxiety about social stigmatization and a decline in physical condition due to the viral infection process that attacks the immune system. Potential problems that may occur in Ms. M are the emergence of Opportunistic Infections (such as TB, candidiasis, or chronic diarrhea) due to a decrease in CD4 cells, as well as the risk of severe depression if psychosocial support is inadequate. In Ms. M's case, the immediate action taken is collaboration with a specialist doctor to provide Antiretroviral (ARV) therapy to suppress viral replication, as well as providing supporting nutrition to improve her general condition.(Triana et al., 2025)The care plan includes: (a) Providing emotional support; (b) Education regarding the importance of lifelong adherence to ARV therapy.(Rainuny et al., 2024)(c) Education on high-protein and high-calorie nutrition; (d) Explanation of how to prevent transmission to others; (e) Planning for routine check-ups. Care was implemented according to plan. The author provided counseling on how ARVs work and the importance of maintaining personal hygiene. Patients were also taught coping strategies to deal with societal stigma.(Kebidanan, Kesehatan and Tarakan, 2025)The family was involved as medication monitors (PMO). After receiving care, Ms. M expressed greater calm and an understanding of

the importance of therapy. Her physical condition was stable, there were no signs of new opportunistic infections, and the patient was committed to continuing her regular treatment.

Medical and Midwifery Management Analysis Treatment provided at Medan Haji Regional Hospital includes regular Antiretroviral (ARV) therapy to maintain the body's immune system. People suffering from HIV-AIDS really need antiretroviral (ARV) treatment which aims to reduce the amount of virus that enters their body so that they do not reach the AIDS stage.(Pandiangan,Tondang and Gaol, 2024)The role of midwives is ver important in providing IEC (Communication, Information, and Education), prevention of infectious diseases through the provision of handwashing facilities and implementing clean and healthy living behaviors, especially regarding the importance of high-protein food intake and adequate fluids so that treatment can work optimally.(Simarmata et al., 2026)

Psychosocial Aspects and the Role of the Family The study found that psychological well-being is a crucial part of Ms. M's care. HIV-positive patients often experience mental stress and depression due to their illness. Therefore, the family plays a crucial role, not only as a supporter, but also as a caregiver.(Social et al., 2020)but also as a reminder to take medication and a primary source of emotional support. Without such support, the risk of patients discontinuing their treatment can increase significantly.

ARV therapy works to suppress viral load levels, which are associated with the virus in genital secretions. Preventive efforts through ARVs are an integral part of the concept of "treatment as prevention."

DISCUSSION

HIV remains a major global public health issue, affecting millions of individuals worldwide and significantly impacting physical, psychological, and social well-being. The management of HIV has improved substantially with the introduction of antiretroviral therapy (ART), which plays a crucial role in suppressing viral replication, improving immune function, and enhancing the quality of life of people living with HIV (PLHIV).

Adherence to antiretroviral therapy is a key determinant of treatment success. Optimal adherence ensures viral suppression, reduces the risk of transmission, and prevents the development of drug resistance. However, maintaining high levels of adherence is often challenging. Factors such as medication side effects, complex treatment regimens, stigma, and lack of social support can negatively influence adherence (Iacob, Jugulete, 2023).Additionally, socioeconomic barriers—including transportation costs, limited access to healthcare facilities, and poor nutritional status—further complicate consistent treatment adherence (Hardon, 2021). Therefore, healthcare providers must implement continuous education, counseling, and accessible healthcare services to support patients in maintaining adherence.

Beyond medical management, stigma remains a significant barrier in HIV care. People living with HIV often experience discrimination, social exclusion, and internalized stigma, which can lead to psychological distress such as anxiety and depression. These psychological challenges may reduce patients' willingness to seek care and adhere to treatment. Research indicates that stigma is directly associated with poor ART adherence through mechanisms such as fear, shame, and decreased self-efficacy(Turan, 2021). Consequently, addressing stigma through community education and supportive counseling is essential in improving health outcomes.

A holistic approach is critical in the management of HIV. This approach involves not only medical treatment but also psychological, social, and spiritual support. Comprehensive care that includes family involvement, community support, and patient-centered counseling has been shown to improve treatment outcomes and quality of life. According to(UNAIDS, 2023), community-based interventions and strong social support systems significantly contribute to successful HIV management and reduced transmission rates. Globally, HIV prevention and treatment strategies have evolved, particularly with the implementation of the 95-95-95 targets. These targets aim for 95% of people living with HIV to know their status, 95% of those diagnosed to receive sustained ART, and 95% of those on treatment to achieve viral suppression. This strategy has proven effective in controlling the HIV epidemic and is widely endorsed by international organizations such as the World Health Organization (WHO, 2021) and (UNAIDS, 2023)

In the context of midwifery care, healthcare providers play a vital role in delivering comprehensive and continuous care for patients with HIV. This includes not only clinical management but also education, emotional support, and advocacy to reduce stigma and improve adherence. By integrating medical and psychosocial care, healthcare professionals can significantly enhance patient outcomes and contribute to broader public health efforts in controlling HIV.

CONCLUSIONS

Comprehensive midwifery care management for Miss M with HIV was implemented using Varney's 7-Step Midwifery Management Approach. The care included physical assessment, infection prevention, psychosocial support, nutritional counseling, health education, and multidisciplinary collaboration. Early detection, adherence to antiretroviral therapy, family support, and continuous monitoring are essential components in improving the quality of care and health outcomes of patients living with HIV.

ACKNOWLEDGEMENT

The authors would like to express sincere gratitude to STIKes Mitra Husada Medan, Haji Medan Hospital, clinical supervisors, academic supervisors, and all parties who contributed to the completion of this study.

CONFLICT OF INTEREST AND FUNDING DISCLOSURE

The authors declare that there is no conflict of interest regarding the publication of this article. This study received no specific funding from any public, commercial, or non-profit organization.

REFERENCES

Azizah, N. *et al.* (2022) 'The Relationship Behavior Of Pregnant Women To The Utilization Of Triple Elimination Examination In Puskesmas Kuala Bangka Kab . Labuhan Batu Utara', 2(1).

Hardon, et al. (2021) 'From access to adherence: The challenges of antiretroviral treatment. AIDS Care.'

Iacob, S. A., Iacob, D. G., Jugulete, G. (2023) 'Improving the adherence to antiretroviral therapy. Patient Preference and Adherence.'

Ijar, B. (2023) 'Textbook on Continuous Midwifery Care Continuity of Care'.

Indonesia, P.K. (2024) *Profil Kesehatan*.

Kebidanan, J., Kesehatan, F.I. and Tarakan, U.B. (2025) 'HIV / AIDS : Update Terkini di Indonesia', (1).

Manurung, H.R. *et al.* (2025) 'Empowerment of Adolescents Exhibiting Behaviors Associated with the Three Basic Threats to Adolescent Reproductive Health (KRR Triad) in Suka Makmue Village, Suka Makmue District, Nagan Raya Regency, Aceh Province. *Jurnal Pengabdian Kolaborasi dan Inovasi IPTEKS*, 3(1), pp. 221–226. Available at: https://doi.org/10.59407/jpki2.v3i1.1991.

Pandiangan, K., Tondang, G. and Gaol, R.L. (2024) 'Overview of Knowledge Regarding HIV/AIDS Among Diploma III Nursing and Medical Laboratory Technology Students at Santa Elisabeth College of Health Sciences, Medan 2024', 4, pp. 7771–7779.

Poli, D.I., Rs, P. and Jember, P. (2017) 'No Title', 41, pp. 1–13.

Rainuny, Y.R. *et al.* (2024) 'Self-Education on ARV Adherence among People Living with HIV at Sentani Community Health Center 1(3), pp. 293–299.

Riset, A. (2021) 'one partner is infected with HIV (HIV-positive) and the other partner is not infected with HIV (HIV-negative),' 02(01), pp. 49–55.

Sapeni, M.A.R. *et al.* (2023) 'Stikes Mitra Keluarga Jurnal Mitra Kesehatan (Jmk) Family Support for the Quality of Life of People Living with HIV/AIDS: A Literature Review05(02), pp. 158–168.

simanullang E (2025) 'GEMAKES : Journal of Community Service: Empowerment of Couples of Reproductive Age in HIV/AIDS Prevention through an HIV Care Community at the Roasro Medan Johor Foundation, Kwala Bekala, Medan Johor District – Introduction: HIV Issues', 5, pp. 125–132. Available at: https://doi.org/10.36082/gemakes.v5i1.1960.

Simarmata, M. *et al.* (2026) 'Infectious Disease Prevention Education for a Healthy Generation at State Elementary School 060933 in Kwala Bekala Urban Village', 5(1), pp. 872–877.

Sinaga.SN 2025 (2025) "Parental Guidance on Media Access and Adolescent Sexual Behavior at SMA 6 Takengon, Silih Nara District, Central Aceh Regency (2022) – Siti Nurmawan Sinaga (STIKes)," *Journal of Collaboration and Science & Technology Innovation Outreach*,3(1), pp. 265–272.

lingk, D. *et al.* (2020) 'The Relationship Between Social and Spiritual Support and the Quality of Life of People Living with HIV/AIDS — A. G. Baidowi, K. Khotima, S. A. Andayani

Triana, S.S. *et al.* (2025) Development of Early Detection and Continuous Midwifery Care for Stunting Using Web-Based Artificial Intelligence (AI) in Bangun Rejo VillageTuran, B., et al. (no date) 'How does stigma affect people living with HIV?. AIDS and Behavior.'

UNAIDS (2023) 'Global HIV & AIDS Statistics — Fact Sheet.'
WHO, 2025 (2025) 'Information sheet HIV statistics , globally and by WHO region , 2025', pp. 1–8.
Widhiyaningrum, T., Lutfiana, W.N. and Faristiana, A.R. (2023) 'Teenagers and premarital sex', 1(3).