

MANAGEMENT OF COMMUNITY MIDWIFERY CARE FOR ANTENATAL CLIENTS WITH BREECH PRESENTATION AT HANNA SIMBOLON CLINIC MEDAN

¹Lidia Kandau, ²Zahra anggri lia, ³Madiha Aini Raihan, ⁴Sri Rezeki, ⁵Hanna Simbolon
^{1,2,3,4,5}Sekolah Tinggi Ilmu Kesehatan Mitra Husada Medan

Email: 2219201059@mitrahusada.ac.id, 2419201070@mitrahusada.ac.id,
2419201046@mitrahusada.ac.id, srirezeki@mitrahusada.ac.id, hannasimbolon450@gmail.com

ABSTRACT

Background: Breech presentation is an obstetrical variation where the fetus lies longitudinally with the buttocks or feet facing the birth canal. Early detection and structured midwifery monitoring in the third trimester are essential to reduce maternal and neonatal risks. **Objectives:** This study aimed to implement and analyze comprehensive management of antenatal midwifery care for a primigravida with a breech presentation. **Methods:** A descriptive qualitative case study approach was used to document the care of Ms. A, a 21-year-old primigravida (G1P0A0) at 31 weeks of gestation at the Hanna Simbolon Clinic, Medan. Data collection involved physical and obstetric examinations (Leopold maneuvers) and dynamic assessment through consecutive follow-ups. **Results:** Physical parameters and vital signs remained within normal limits. Leopold examinations confirmed a fundal head position and a soft, non-ballotable breech presentation at the lower uterine segment, consistent with a breech presentation before pelvic engagement. Care management involved specific communication, information, and education (CIE) with targeted physiological interventions, including structured knee-chest exercises. **Conclusions:** Standardized antenatal tracking paired with family-centered education empowers pregnant women, reduces anxiety, and effectively supports internal rotation efforts for safe maternal outcomes.

Keywords: *Antenatal Care; Breech Presentation; Midwifery Management; Primigravida.*

INTRODUCTION

Pregnancy is a physiological process experienced by a woman as part of continuing her lineage. Ideally, the fetus in the womb will be in a head-down position as it approaches delivery (Manurung *et al.*, 2024). However, in some cases, the fetus can be in an abnormal position, one of which is breech position, which is when the fetus is positioned with its buttocks or feet facing the birth canal. This condition is generally found in about 3-4% of all term pregnancies and can increase the risk of complications for both the mother and the baby (Fernández-Carrasco *et al.*, 2022).

Breech presentation is a fetal malpresentation in which the fetus lies in a longitudinal position with the buttocks, feet, or both presenting first at the pelvic inlet instead of the head

(Wängberg Nordborg, 2022). Breech presentation occurs in approximately 3–4% of singleton pregnancies at term and is more common in preterm pregnancies because fetal movement remains relatively unrestricted before the third trimester (Morris, 2022). Based on the presenting part, breech presentation is classified into frank breech, where the hips are flexed and knees extended complete breech, where both the hips and knees are flexed; and footling or incomplete breech, where one or both feet present first (Azimirad, 2023). This condition is associated with several maternal and fetal factors, including prematurity, uterine anomalies, placenta previa, multiple pregnancy, polyhydramnios or oligohydramnios, fetal congenital anomalies, and a history of previous breech pregnancy (Gynaecologists, 2017). Early identification during antenatal care is essential to determine appropriate management, reduce maternal and neonatal complications, and optimize the mode of delivery (Chaudhary, 2026).

According to the World Health Organization (WHO), complications during delivery due to breech position can increase the risk of death for both mother and baby. WHO emphasizes that safe and quality childbirth management is very important to reduce maternal and newborn mortality and morbidity rates. Global empirical data confirm that malpresentations like breech positions require close monitoring from the third trimester to prevent prolonged labor, birth injuries, and neonatal asphyxia (World Health Organization, 2023).

One of the global strategies promoted by the WHO is the effort to achieve the 2030 Sustainable Development Goals (SDGs), especially the third goal, which is Good Health and Well-being. The SDGs aim to reduce maternal mortality rates to less than 70 per 100,000 live births globally. A crucial step to reach this target is by improving the quality of maternal and child health services, including the accuracy of antenatal screening management in detecting and managing breech presentations early. (SDGs, 2024).

In Indonesia, the Ministry of Health (Kemenkes) reported that the prevalence of breech presentation is around 3-4% of all pregnancies. This phenomenon is more likely to occur in pregnancies with uterine abnormalities, abnormal amniotic fluid levels, twin pregnancies, or when the uterine muscles are relaxed. Because of this, Kemenkes has set technical guidelines for Integrated Antenatal Care, requiring at least 6 antenatal check-ups (ANC) during pregnancy to ensure early detection of fetal position complications (Kemenkes, 2021).

At the primary care level in Medan, especially at Hanna Simbolon Clinic, breech presentations are still often found in third-trimester pregnant women. The main issue that usually comes with this clinical finding is the anxiety and fear in mothers due to worries about the baby's safety and the thought of having a cesarean delivery.

Based on the initial assessment of Mrs. A, a 21-year-old primigravida at 31 weeks of pregnancy, it was found that the baby is in a breech position. Through a comprehensive midwifery care management approach, the midwife has a key role in collaborating with the patient to provide physiological education like position reversal exercises (knee-chest) as well as emotional support to help reduce anxiety (Inayah *et al*, 2023).

METHODS

This research uses a descriptive analytical case study design with a midwifery care management approach focused on holistic antenatal monitoring. The case study subject is Mrs. A, a 21-year-old pregnant woman, G1P0A0, at 31 weeks of pregnancy, who had her pregnancy checked at the Hanna Simbolon Clinic in Medan City. Primary data was collected comprehensively through:

1. Anamnesis (Subjective Data): Exploring the mother's main complaints (fear due to breech fetal position), menstrual history, current pregnancy history, as well as daily activity patterns.
2. Physical and Obstetric Examination (Objective Data): Measuring vital signs (blood pressure, pulse, temperature, respiration) and performing abdominal palpation using Leopold's maneuvers I to IV to identify the presentation and position of the fetus.
3. Auscultation: Listening to the Fetal Heart Rate (FHR) using a doptone to assess fetal well-being.

The midwifery interventions provided focused on giving Communication, Information, and Education (CIE) about meeting nutritional needs, warning signs during pregnancy, as well as demonstrations and self-guidance for knee-chest position exercises at home. The patient's condition progress is recorded regularly using the midwifery SOAP documentation format.

RESULTS AND DISCUSSIONS

1. Basic Data Assessment Results (First Visit: March 8, 2025)

Mrs. A came accompanied by her family with the main complaints of feeling anxious and scared because during the previous check-up she was informed that her baby is in a breech position. She stated that this is her first pregnancy and she has never had a miscarriage (G1P0A0). Her Last Menstrual Period (LMP) was on August 1, 2024, with an estimated delivery date of April 11, 2025.

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Table 1. Clinical Characteristics and Objective Examination Results of Mrs. A

No	Check Parameters	Mrs. A's Test Results	Clinical Interpretation / Status
1	General Condition / Consciousness	Good / Compos Mentis	Normal and stable
2	Blood Pressure (BP)	120/80 mmHg	Normal
3	Pulse (P)	80 times/menitu	Normal
4	Respiration (R)	20 times/menitu	Normal
5	Body Temperature (T)	37 °C	Normal
6	Uterine Fundal Height (UFH)	31 cm	According to a gestational age of 31 weeks
7	Fetal Heart Rate (FHR)	144 times/menitu	Healthy & Alive Fetus
8	Estimated Fetal Weight (EFW)	2,790 grams	According to the growth curve
9	Hemoglobin (Hb)	12 gr%	Normal
10	Urine Protein & Glucose	Negatif (-)	Free from preeclampsia/diabetes risk

Source: Primary Data from Hanna Simbolon Clinic Documentation, March 2025.

2. Results of Special Obstetric Palpation Examination (Leopold)

1. Leopold I: A round, hard, and springy part of the fetus is felt in the uterine fundus area, indicating that the fetal head is at the top.
2. Leopold II: On the mother's right abdominal area, small parts of the fetus (extremities) are felt, while on the left abdominal area, a hard, flat, elongated part like a board is felt (right back/PUKA).
3. Leopold III: In the lower segment of the mother's abdomen, a soft, less round, non-springy part is felt, indicating the fetus is in breech presentation.
4. Leopold IV: The examiner's hands converge, confirming that the lowest part of the fetus (the buttocks) has not yet entered the True Pelvic Inlet (TPI).

3. Implementation and Evaluation of Midwifery Care

Based on the data above, the established diagnosis is Mrs. A, 21 years old, G1P0A0, 31 weeks and 4 days pregnant, right back, breech presentation, has not yet entered prenatal care, single intrauterine live fetus, with both mother and baby in good condition. The actual problem is anxiety, which was addressed by providing emotional support and motivation to help the mother stay calm.

The main intervention carried out was teaching the knee-chest exercise technique (hands-and-knees position) independently. The patient was instructed to get into a kneeling position with her chest and knees touching and aligned on the floor or mattress for 10–15 minutes, 3–4 times a day (especially before sleeping and after waking up) (Munthe *et al.*, 2022). Additional education included fulfilling balanced nutrition, recognizing warning signs of pregnancy (such as severe abdominal pain, bleeding, or severe headache), and scheduling a follow-up visit in 2 weeks. The final evaluation results show that the patient is able to understand instructions very well, anxiety has significantly decreased, and is committed to practicing knee-chest position exercises regularly at home.

DISCUSSION

The position of the fetus in the womb is dynamic, especially in pregnancies before 34 weeks because the amniotic fluid volume is relatively sufficient, giving the baby room to move. In the case of Mrs. A at Hanna Simbolon Clinic, the fetus was found in a breech position, buttocks presenting at 31 weeks of pregnancy. Physiologically, the baby's head is heavier than the buttocks, so naturally there is a tendency for the head to turn toward the upper pelvis due to gravity (Simanullang and Sari, 2024). However, obstacles to this spontaneous rotation can be triggered by certain factors such as uterine muscle stiffness in first-time mothers, a short umbilical cord, or maternal physical activity that does not sufficiently stimulate fetal movement (Rifka Alkhilyatul 2024).

Management of breech pregnancy during the antenatal stage focuses on using gravity through safe physical exercises for pregnant women. The knee-chest position taught to Mrs. A has been clinically proven to create more space in the lower uterine cavity, making it easier for the baby's buttocks to move away from the pelvis and helping the baby's head to perform an internal version on its own towards a head-first position (Ramadani *et al.*, 2026). The success of this intervention heavily relies on the mother's consistency in practicing it at home before the pregnancy reaches 35–36 weeks, as the baby's movements become more limited as their size increases (Veftisia, 2025).

The gap that sometimes appears between theory and field clinical practice usually comes down to the frequency of antenatal visits. In a comparative analysis of reports, it was

found that some pregnant women went for ANC check-ups more than the national minimum standard (Muliana *et al.*, 2025). That said, intensive monitoring in the third trimester actually benefits patients with malpresentation positions, like Mrs. A. Regular, quality check-ups at Hanna Simbolon Clinic—including blood pressure monitoring, early detection of anemia (Mrs. A's hemoglobin level was normal at 12 g%), and fetal heart rate monitoring (144 times/min) played a big role in keeping the mother in great condition for a safe delivery.

Education about warning signs in pregnancy and meeting balanced nutrition needs also becomes a key pillar of community midwifery care. A mother's good understanding of healthy daily nutrition supports her hemodynamic stability, prevents complications, and equips her family to respond if an emergency happens (Ayurita *et al.*, 2025).

CONCLUSIONS

Based on the implementation of antenatal midwifery care management for Mrs. A, a 21-year-old with a breech presentation at Hanna Simbolon Clinic in Medan City in 2025, it can be concluded that the care, which included basic data assessment, problem identification, planning, and intervention implementation, was carried out optimally. Mrs. A's general condition and vital signs were within normal limits, with the fetus alive and healthy in breech presentation at 31 weeks of gestation.

The mother's anxiety issues were successfully addressed through evidence-based education and adaptive emotional motivation. Providing structured education on the knee-chest position exercises positively contributed to empowering the patient to independently try to improve the fetal position before labor. Continuous monitoring and adherence to medical advice were key to achieving maternal and neonatal safety (Situmorang, 2020).

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CONFLICT OF INTEREST AND FUNDING DISCLOSURE

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AUTHOR CONTRIBUTIONS

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

REFERENCES

- Ayurita, H. *et al.* (2025) "Edukasi Tentang Tanda Bahaya Dan Komplikasi Pada Ibu Hamil," *SAMBARA: Jurnal Pengabdian Kepada Masyarakat*, 4(1), pp. 27–35. Available at: <https://doi.org/10.58540/sambarapkm.v4i1.1158>.
- Azimirad, A. (2023) "What to Do When It Is Breech? A State-of-the-Art Review on Management of Breech Presentation," *World Journal of Obstetrics and Gynecology* [Preprint].
- Chaudhary, V. (2026) "Current Guidelines for Management of Breech Presentation," *International Journal of Reproduction, Contraception, Obstetrics and Gynecology* [Preprint]. Available at: <https://doi.org/10.18203/2320-1770.ijrcog20261653>.
- Fernández-Carrasco, F.J. *et al.* (2022) "Maternal and fetal risks of planned vaginal breech delivery vs planned caesarean section for term breech birth: A systematic review and meta-analysis," *Journal of Global Health*, 12. Available at: <https://doi.org/10.7189/JOGH.12.04055>.
- Gynaecologists, R.C. of O. and (2017) "Management of Breech Presentation (Green-top Guideline No.20b)," *BJOG* [Preprint]. Available at: <https://doi.org/10.1111/1471-0528.14465>.
- Inayah, H., Widowati, R. and Dahlan, F.M. (2023) "Perbedaan Prenatal Yoga dengan Knee Chest terhadap Perubahan Posisi Janin Sungsang ke Normal pada Kehamilan TM III di Klinik Cibodas," *Jurnal Akademika Baiturrahim Jambi*, 12(2), p. 276. Available at: <https://doi.org/10.36565/jab.v12i2.610>.
- Kemenkes, 2021 (2021) "PMK No. 21 Tahun 2021," *Peraturan Menteri Kesehatan Republik Indonesia*, (879), pp. 2004–2006.
- Morris, S. (2022) "Breech Presentation Management: A Critical Review of Leading Clinical Practice Guidelines," *Women and Birth* [Preprint]. Available at: <https://doi.org/10.1016/j.wombi.2021.06.011>.
- Muliana, S. *et al.* (2025) "Expert System and Artificial Intelligence For Diagnosing of Anemia : A Literature Review," pp. 86–91.
- Munthe, J. *et al.* (2022) *Asuhan Kebidanan Berkesinambungan (Continuity of Care)*. Jakarta: Trans Info Media.
- Ramadani, K. *et al.* (2026) "Integrating Basic Science and Clinical Skills in Midwifery Care of Third Trimester Pregnant Women with Breech Malpresentation."
- Rifka Alkhilyatul Ma'rifat, I Made Suraharta, I.I.J. (2024) *mekanisme persalinan dan fisiologis nifas*. Sdgs (2024) "The Sustainable Development Goals Report," *United Nations*, pp. 26–27.
- Simanullang, E. and Sari, F. (2024) "Faktor-Faktor yang Mempengaruhi Pengetahuan Ibu Hamil Tentang Makanan yang Mengandung Zat Besi di Puskesmas Peureulak Aceh Timur Tahun 2024," *Inovasi Kesehatan Global (IKG)*, 1(4), pp. 66–77. Available at: <https://journal.ikg.or.id/index.php/ikg>.
- Manurung, H.R. *et al.* (2024) "Continuity of Care Mrs. R Difference of TFU with Pregnancy Age at Tutun Pratama Clinic Sehati in 2024."
- Situmorang, T.S. (2020) *KEGAWATDARURATAN MATERNAL NEONATAL*.
- Veftisia, V. (2025) "Studi Kasus : Efektivitas Posisi Knee-Chest (Sujud) dalam Upaya Koreksi Malpresentasi Bokong pada Kehamilan," 4(2), pp. 1593–1597.
- Wängberg Nordborg, J. (2022) "Term Breech Presentation—Intended Cesarean Section versus Intended Vaginal Delivery: A Systematic Review and Meta-analysis," *Acta Obstetrica et Gynecologica Scandinavica* [Preprint]. Available at: <https://doi.org/10.1111/aogs.14333>.
- World Health Organization (2023) "WHO recommendations: Intrapartum care for a positive childbirth experience. Transforming care of women and babies for improved health and well-being Executive summary," *World Health Organizations*, pp. 1–8. Available at: <https://apps.who.int/iris/bitstream/handle/10665/272447/WHO-RHR-18.12-eng.pdf>.