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

# COMPREHENSIF OF MIDWIFERY CARE FOR MRS. N AT THE INDEPENDENT MIDWIFERY PRACTICE OF MIDWIFE HUTRI PRAWITA BANCIN, AM.Keb SUBULUSSALAM CITY IN 2026

[1]Ratika,[2]Ricca Nophia Amra,[3]Fitriani Bancin,[4]Rahayu Ningsih,[5]Ratnawati Bancin[5]

[12,3,4,5]Akademi Kebidanan Medica Bakti Persada

ratikasambo31@gmail.com, ricca.ubudiya@gmail.com, fitribancin03@gmail.com
rahayuningsihrakasiwi@gmail.com, ratnawatibancin23@gmail.com

## ABSTRACT

Maternal and neonatal mortality remain major public health concerns globally and in Indonesia. Comprehensive midwifery care through the Continuity of Care (COC) approach is one strategy to improve maternal and neonatal health outcomes. This study aimed to describe comprehensive midwifery care provided to Mrs. N, a 27-year-old primigravida, from pregnancy, childbirth, postpartum, newborn care, and family planning services at PMB Hutri Prawita Bancin, Subulussalam City. A descriptive case study design was employed using the Varney Midwifery Management approach and SOAP documentation. Data were obtained through interviews, observation, physical examination, and review of maternal health records. The findings showed that comprehensive and continuous care enabled early detection of potential complications, increased maternal knowledge, and supported positive maternal and neonatal outcomes. Mrs. N experienced a physiological pregnancy, spontaneous vaginal delivery, normal postpartum recovery, healthy neonatal adaptation, and successful family planning counseling. Comprehensive midwifery care is essential for improving maternal and newborn health and reducing maternal and neonatal mortality.

**Keywords:** Continuity of Care, Midwifery Care, Pregnancy, Childbirth, Postpartum, Newborn, Family Planning.

## INTRODUCTION

Pregnancy is a physiological process that begins with conception and continues until childbirth. A normal pregnancy lasts approximately 280 days (40 weeks) calculated from the first day of the last menstrual period.despite significant progress in maternal health services, maternal mortality remains a global challenge. According to the World Health Organization (WHO), more than 700 women died every day in 2023 due to preventable causes related to pregnancy and childbirth. Maternal mortality worldwide decreased by approximately 40%

between 2000 and 2023; however, it remains a significant concern, particularly in developing countriesIn Indonesia, maternal mortality is still largely caused by hypertensive disorders during pregnancy, obstetric hemorrhage, infections, and other obstetric complications. The government continues to strengthen maternal healthcare services through integrated maternal and neonatal care programs.one of the recommended approaches is Continuity of Care (COC), which provides continuous care from pregnancy through childbirth, postpartum, newborn care, and family planning services. This approach allows healthcare providers, particularly midwives, to monitor maternal and neonatal conditions comprehensively and identify complications at an early stage.

This study aims to describe comprehensive midwifery care provided to Mrs. N at PMB Hutri Prawita Bancin, Subulussalam City, using the Continuity of Care approach.

## RESEARCH METHOD

This study employed a descriptive case study design. The subject was Mrs. N, a 27-year-old pregnant woman who received comprehensive midwifery care at PMB Hutri Prawita Bancin, Subulussalam City. The care covered antenatal, intrapartum, postpartum, neonatal, and family planning services.

Data collection methods included:

1. Interview
2. Observation
3. Physical examination
4. Review of maternal health records

Midwifery management was conducted using the Seven Steps of Varney and documented using the SOAP method.

MiHHICo-6 2026 STIKes MITRA HUSADA MEDAN

## RESULTS

Antenatal Care

During pregnancy, Mrs. N attended regular antenatal care visits according to national standards. Assessments included measurement of body weight, blood pressure, mid-upper arm circumference (MUAC), fundal height, fetal heart rate, fetal presentation, laboratory examinations, and counseling.health education focused on:

1. Balanced nutrition during pregnancy
2. Iron and folic acid supplementation
3. Personal hygiene
4. Adequate rest and sleep
5. Recognition of danger signs during pregnancy
6. Birth preparedness and complication readiness

The mother was advised to consume foods rich in folic acid, calcium, protein, iron, and vitamins to support fetal growth and maternal health.

Intrapartum Care

At term gestation, Mrs. N experienced spontaneous labor. Labor progressed physiologically and was managed according to Normal Delivery Care
(Asuhan Persalinan Normal/APN) standards.

Continuous monitoring of maternal vital signs, uterine contractions, fetal heart rate, cervical dilation, and labor progress was performed. The mother successfully delivered a healthy newborn through spontaneous vaginal delivery without complications.

Postpartum Care

Postpartum care was provided during the first 42 days after delivery. Assessments focused on:

1. Uterine involution
2. Lochia characteristics
3. Breastfeeding practices
4. Maternal nutrition
5. Personal hygiene
6. Psychological adaptation

The mother showed normal postpartum recovery without signs of infection or postpartum hemorrhage. Breastfeeding was successfully initiated and maintained.

Newborn Care

The newborn adapted well to extrauterine life. Essential newborn care included:

1. Immediate drying and warming
2. Early initiation of breastfeeding (IMD)
3. Umbilical cord care
4. Monitoring of vital signs
5. Observation for neonatal danger signs

The newborn remained healthy throughout the neonatal period.

Family Planning Care

Family planning counseling was provided during the postpartum period. Counseling covered:

1. Benefits of birth spacing
2. Available contraceptive methods
3. Advantages and disadvantages of each method
4. Follow-up requirements

After counseling, the mother selected a contraceptive method appropriate to her reproductive needs and health condition.

## DISCUSSION

The implementation of Continuity of Care demonstrated the importance of comprehensive maternal healthcare services. Continuous monitoring during pregnancy facilitated early detection of potential complications and improved maternal understanding of healthy pregnancy practices.adequate nutritional intake is essential during pregnancy because maternal nutritional requirements increase significantly to support fetal growth and maternal physiological changes. Nutrients such as folic acid, calcium, protein, iron, and vitamins play critical roles in preventing complications and promoting healthy fetal development.education regarding danger signs in pregnancy is also crucial. Pregnant women should be aware of symptoms such as severe headache, blurred vision, edema, vaginal bleeding, decreased fetal movement, rupture of membranes, seizures, and high fever. Early recognition can prevent severe maternal and neonatal complications.the successful outcome of labor in this case may be attributed to regular antenatal care, adequate maternal preparation, and continuous support during labor. Furthermore, postpartum and neonatal follow-up ensured early identification of any abnormalities and promoted successful breastfeeding practices.family planning counseling completed the continuum of care by enabling informed reproductive decision-making and supporting optimal birth spacing.

### Conclusion and Suggestion

Comprehensive midwifery care using the Continuity of Care approach provided positive outcomes for Mrs. N and her newborn. Continuous care from pregnancy through family planning enhanced maternal knowledge, facilitated early detection of complications, and promoted safe childbirth and postpartum recovery. The Continuity of Care model should continue to be strengthened as an effective strategy for improving maternal and neonatal health outcomes and reducing maternal and neonatal mortality.

## REFERENCES

STIKes MITRA HUSADA MEDAN

Andini, et al. (2025). Maternal Nutrition During Pregnancy.

Aziz, et al. (2021). Premature Rupture of Membranes and Pregnancy Outcomes.

Fitriani, et al. (2022). Common Discomforts During the Third Trimester of Pregnancy.

Haninggar. (2024). Antenatal Care Standards.

Herlina. (2024). Physiological Changes During Pregnancy.

Kementerian Kesehatan Republik Indonesia. (2023). Indonesian Health Survey.

Profil Kesehatan Indonesia. (2024). Maternal and Child Health Statistics.

Susilawati, & Sriwidyastuti. (2024). Pregnancy and Maternal Health.

World Health Organization. (2025). Maternal Mortality Report.