

MIDWIFERY CARE MANAGEMENT FOR 20-YEAR-OLD MRS. P, G1P0A0 GRAVIDA, 40 WEEKS IN PARTU, 1ST STAGE, ACTIVE PHASE WITH PREMATURE RUPTURE OF MEMBRANES AT THE TUTUN SEHATI PRATAMA CLINIC IN 2025

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ABSTRACT

Premature rupture of membranes (PROM) in the Medan region varies between 6% and 19% of all pregnancies. Meanwhile, the national rate according to the Ministry of Health and Riskesdas ranges from 5.6% to 14.6%. The expected incidence of PROM in Indonesia is targeted to be significantly reduced to below 5% in order to prevent complications. This case report aims to describe the management of midwifery care for a pregnant woman with premature rupture of membranes and to support the achievement of the Sustainable Development Goals (SDGs) 2030, particularly Goal 3: Good Health and Well-being. The method used was a descriptive case report through a systematic midwifery care approach including assessment, diagnosis, planning, implementation, and evaluation. The case involved Mrs. P, a 20-year-old primigravida (G1P0A0) at 40 weeks of gestation with a single live intrauterine fetus in cephalic presentation and diagnosed with premature rupture of membranes during the active phase of the first stage of labor. The assessment results showed clear amniotic fluid discharge, cervical dilation of 1 cm, fetal heart rate of 156 beats/minute, and stable maternal vital signs. The management provided included monitoring maternal and fetal conditions, preventing infection, emotional support, collaborating with healthcare providers, and administering antibiotics. The mother delivered a baby girl spontaneously with a birth weight of 3100 grams and an Apgar score of 8. The implementation of comprehensive and continuous midwifery care successfully maintained maternal and newborn health and reduced the risk of complications. Early detection and appropriate management of PROM contribute to improving maternal and neonatal outcomes and support the achievement of SDGs 2030 targets in maternal and child health.

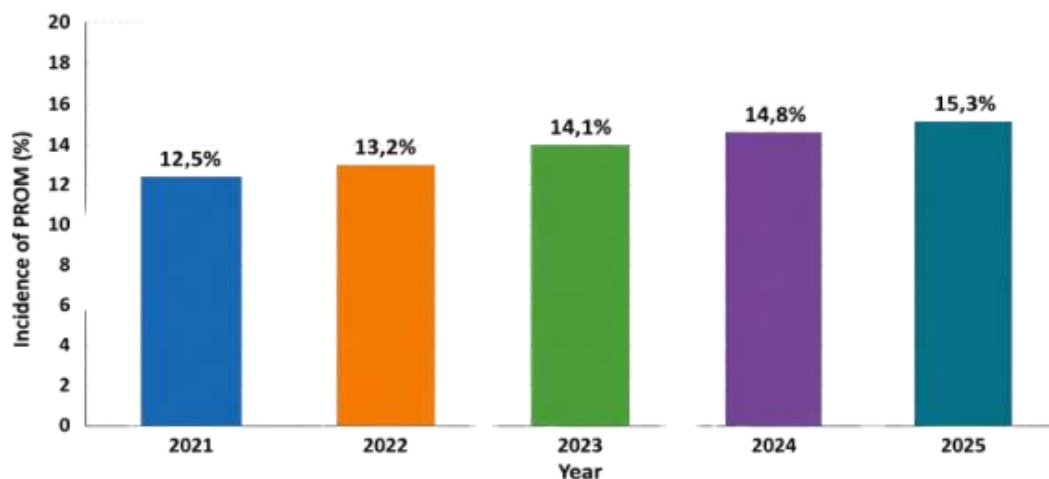
Keywords: Premature Rupture of Membranes, Pregnant Women, Maternal Health, SDGs 2030.

INTRODUCTION

Premature rupture of membranes (PROM) is one of the most common obstetric complications that can affect maternal and neonatal health.(Abebe et al., 2022) Premature rupture of membranes (PROM) in the Medan region varies between 6% and 19% of all pregnancies. Meanwhile, the national rate according to the Ministry of Health and Riskesdas ranges from 5.6% to 14.6%.(Di et al., 2023)The expected incidence of PROM in Indonesia is targeted to be significantly reduced to below 5% in order to prevent complications. (BPS 2025) (Yan, Hong, et al., 2022)Therefore, early identification and appropriate management of PROM are important to prevent complications and improve the quality of maternal and newborn health services.(Müller et al., 2022) Based on national health reports, maternal and neonatal health problems remain important challenges in Indonesia. The incidence of premature rupture of membranes in Indonesia is reported to range from approximately 6–19% of pregnancies, depending on the population and healthcare facilities studied. (DINKES 2025) PROM contributes significantly to pregnancy and childbirth complications because delayed management may increase the risk of infection and poor neonatal outcomes.(Winata et al., 2025) In North Sumatra Province, especially Medan City, (Badan Statistik SUMUT 2025)PROM remains one of the obstetric cases frequently found in maternal health services. Several studies in maternity clinics and in Medan have shown that PROM is associated with maternal factors such as parity, maternal age, infection, nutritional status, and previous history of PROM, requiring comprehensive midwifery care.(Ibu et al., 2025)

At Klinik Tutun Sehati Medan Tanjung Morawa, premature rupture of membranes is also found as one of the pregnancy and childbirth complications requiring careful monitoring and management. Based on the clinical case report, a pregnant woman with PROM was identified at term pregnancy (40 weeks of gestation) with signs of amniotic fluid leakage before labor. The case required continuous monitoring of maternal and fetal conditions, prevention of infection, emotional support, and appropriate midwifery intervention to achieve safe delivery outcomes.(Yan, Deng, et al., 2022) (Dayanan et al., 2025)This case report aims to describe the implementation of comprehensive midwifery care management for a pregnant woman with premature rupture of membranes, including assessment, diagnosis, intervention, implementation, and evaluation. The contribution of this study is to provide clinical information regarding early detection, appropriate management, and preventive strategies for PROM cases. (Liu et al., 2023)This study is important because effective management of PROM can reduce maternal and neonatal complications, improve the quality of midwifery services, and support the achievement of the Sustainable Development Goals (SDGs) 2030,(Sinaga, 2022) particularly Goal 3: Good Health and Well-being, which focuses on reducing maternal and neonatal morbidity and mortality.(Yan, Hong, et al., 2022)

Figure 1. Incidence of Premature Rupture of Membranes (PROM) in Indonesia from 2021 to 2025



Source: Compilation of studies and reports on the incidence of PROM in healthcare facilities in Indonesia from 2021 to 2025.
Note: Annual national aggregated data on PROM are not yet consistently reported in routine national health publications.

RESEARCH METHOD

This study used a descriptive method with a case report design to describe the implementation of comprehensive midwifery care in a pregnant woman with premature rupture of membranes (PROM). The study was conducted at Klinik Tutun Sehati Medan Tanjung Morawa. The case management was carried out during the labor process until postpartum care. The subject of this study was one pregnant woman, Mrs. P, aged 20 years, primigravida (G1P0A0), with a gestational age of 40 weeks and diagnosed with premature rupture of membranes. The subject was selected using a purposive sampling method based on the criteria of pregnant women experiencing PROM who received midwifery care at the study location. Data were collected through direct observation, interviews, physical examination, and documentation of the patient's medical records. The assessment included maternal identity, pregnancy history, complaints, maternal vital signs, abdominal examination, fetal heart rate monitoring, and evaluation of amniotic fluid characteristics. The stages of midwifery care included assessment, identification of problems, planning, implementation, and evaluation of care. The interventions provided included monitoring maternal and fetal conditions, infection prevention, health education, emotional support, intravenous fluid administration using Ringer Lactate (RL), left lateral positioning, and collaboration with healthcare providers. The collected data were processed descriptively and analyzed by comparing the findings from the case with midwifery care standards and relevant theories related to premature rupture of membranes. The results were presented in narrative form to describe the management process and outcomes of PROM care.

RESULT

The subject of this case report was a pregnant woman diagnosed with premature rupture of membranes (PROM) who received midwifery care at Klinik Tutun Sehati Medan Tanjung Morawa. The subject was Mrs. P, a 20-year-old primigravida (G1P0A0) with a gestational age of 40 weeks. The pregnancy was a single live intrauterine pregnancy with cephalic presentation. The maternal assessment showed that the mother was in stable condition with normal vital signs. The main complaint reported by the mother was continuous leakage of clear amniotic fluid from the vagina before the onset of labor.

The examination results showed signs of premature rupture of membranes, including clear amniotic fluid discharge, positive nitrazine test results, and cervical dilation of 1cm during the active phase of the first stage of labor. Fetal monitoring showed a fetal heart rate of 156 beats/minute, indicating a good fetal condition. The midwifery interventions provided included monitoring maternal and fetal conditions, preventing infection, providing health education, emotional support, maintaining personal hygiene, and collaborating with healthcare providers. The mother was also managed by intravenous fluid administration using Ringer Lactate (RL) to maintain maternal hydration and support the labor process. The mother was positioned in the left lateral position to improve uteroplacental blood flow and maintain fetal oxygenation.

The main findings showed that early identification and appropriate management of PROM helped prevent complications during labor. The mother successfully delivered a baby girl spontaneously with a birth weight of 3100 grams.

DISCUSSION

Premature rupture of membranes (PROM) is an important obstetric complication because it may increase the risk of maternal and neonatal morbidity. In this case report, Mrs. P, a 20-year-old primigravida at 40 weeks of gestation, was diagnosed with PROM based on the presence of continuous clear amniotic fluid discharge. According to the concept of PROM, rupture of the amniotic membrane before the onset of labor can interfere with the protective function of the amniotic membrane and increase the possibility of ascending infection. The findings in this case are consistent with previous research which reported that PROM is associated with increased risks of maternal infection, prolonged labor, fetal distress, and neonatal complications. (Turlina & Ummah, 2020)

The management provided in this case was based on comprehensive midwifery care, including monitoring maternal and fetal conditions, infection prevention, administration of intravenous Ringer Lactate (RL) fluid, left lateral positioning, health education, and emotional support. (Manurung, 2025) The administration of RL fluid was intended to maintain maternal hydration and support physiological stability during labor. (Katz et al., 2025) This intervention is in line with the concept of intrapartum care, which emphasizes maintaining maternal circulation and preventing complications during labor. Previous studies have shown that adequate fluid management during labor can support maternal condition and improve labor outcomes. (Che et al., 2025)

The application of the left lateral position in this case was performed to optimize uteroplacental blood flow and maintain fetal oxygenation. This finding supports previous research indicating

that maternal positioning, particularly the left lateral(Jiang et al., 2025) position, can improve maternal circulation and reduce pressure on the inferior vena cava, thereby supporting fetal well-being. The fetal heart rate of 156 beats/minute observed in this case indicated that fetal oxygenation was maintained during the management process.(Journal & Of, 2024)

The outcome of this case showed that early detection and appropriate management of PROM resulted in a successful spontaneous delivery of a baby girl with a birth weight of 3100 grams and an Apgar score of 8. This finding is consistent with previous studies emphasizing that early diagnosis, continuous fetal monitoring, and appropriate interventions are important factors in reducing adverse outcomes related to PROM.

The implication of this case report is that comprehensive and evidence-based midwifery management plays an important role in preventing complications among mothers with PROM. (Duangkum et al., 2025)Midwives have a strategic role in early identification, infection prevention, monitoring of maternal and fetal conditions, and providing supportive care. (Surbakti et al., 2026)Therefore, effective PROM management contributes to improving maternal and neonatal health (Xiao & Lin, 2025)outcomes and supports the achievement of Sustainable Development Goals (SDGs) 2030, particularly Goal 3: Good Health and Well-being.

CONCLUSION

The management of midwifery care in pregnant women with premature rupture of membranes (PROM) at Klinik Tutun Sehati Medan Tanjung Morawa was successfully implemented through a comprehensive approach, including assessment, diagnosis,intervention, implementation, and evaluation. Early identification of PROM through clinical examination, continuous monitoring of maternal and fetal conditions,(Starrach et al., 2025) infection prevention, administration of Ringer Lactate (RL) fluid therapy, and left lateral positioning contributed to maintaining maternal and fetal well-being during labor. The mother was able to deliver spontaneously with a healthy baby girl weighing 3100 grams and an Apgar score of 8. This case demonstrates that appropriate and continuous midwifery management plays an important role in preventing complications and improving maternal and neonatal outcomes. Effective management of PROM also supports the achievement of Sustainable Development Goals (SDGs) 2030, particularly Goal 3: Good Health and Well-being.

SUGGESTION

SUGGES

Healthcare providers, especially midwives, are expected to improve the early detection and management skills of PROM cases through standardized and evidence-based midwifery care. Maternal education programs regarding the signs and symptoms of PROM, the importance of immediate examination, infection prevention, and pregnancy monitoring should be strengthened to reduce delays in seeking care. Healthcare facilities are also encouraged to improve PROM management protocols, ensure continuous maternal and fetal monitoring, and optimize collaboration between midwives and other healthcare professionals. (Karabay et al., 2024)Further research is recommended to involve larger samples and multiple healthcare facilities to evaluate risk factors, management strategies, and long-term maternal and neonatal outcomes related to PROM.(Astuti et al., 2023)

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