

MANAGEMENT OF MIDWIFERY CARE FOR A PREGNANT WOMAN WITH OBLIQUE LIE AND MODERATE ANEMIA AT SALBIYANA PRIMARY CLINIC IN 2026

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ABSTRACT

Background: Oblique lie is an abnormal fetal position in which the fetal longitudinal axis forms an angle with the maternal longitudinal axis. This condition may increase the risk of labor complications, especially when accompanied by maternal anemia. Moderate anemia during pregnancy can contribute to adverse maternal and neonatal outcomes. Early detection and appropriate management through antenatal care are essential to reduce complications. **Objectives:** To describe the management of midwifery care in a pregnant woman with oblique lie and moderate anemia at Salbiyana Primary Clinic in 2026. **Methods:** This study used a descriptive case study approach. Data were collected through interviews, physical examinations, obstetric examinations, and review of supporting medical records. Midwifery management was carried out according to the Varney midwifery management process. **Results:** Mrs. S, 23 years old, G1P0A0, with an estimated date of delivery on June 27, 2026, attended antenatal care. Ultrasound examination revealed oblique lie and hemoglobin level of 9 g/dL. Physical examination showed blood pressure 120/80 mmHg, temperature 36.5°C, body weight 48 kg, and fetal heart rate 150 beats per minute. Midwifery care included explaining examination findings, routine antenatal follow-up, iron supplementation, nutritional counseling, education regarding danger signs of pregnancy, and reinforcement of the obstetrician's recommendation for cesarean delivery. **Conclusions:** Comprehensive antenatal care and collaborative management between midwives and obstetricians are important in preventing maternal and fetal complications associated with oblique lie and moderate anemia.

Keywords: Oblique Lie; Pregnancy; Anemia; Midwifery Care; Antenatal Care

INTRODUCTION

Pregnancy is a physiological process experienced by women that begins with fertilization, the union of an ovum and a sperm cell, and continues with the development of the conceptus within the uterus until childbirth. Understanding the basic concepts of pregnancy is essential for healthcare providers, particularly midwives, to provide appropriate education to pregnant women and deliver care that corresponds with the physiological changes occurring throughout pregnancy. These changes include physical, psychological, and hormonal adaptations that support fetal growth and development until term gestation is achieved (Parningotan Simanjuntak, *et al.* 2023)

The pregnancy process begins when an ovum released from the ovary during ovulation meets and fuses with a sperm cell in a process known as fertilization. The fertilized ovum forms a zygote, which then travels to the uterine cavity and attaches to the uterine wall through a process called implantation. Following successful implantation, the embryo continues to develop into a fetus, supported by the placenta, which functions as the organ responsible for the exchange of nutrients and oxygen between the mother and fetus. Therefore, regular antenatal monitoring is essential to ensure optimal fetal growth and development and to facilitate the early detection of complications that may affect maternal and fetal health (Parningotan Simanjuntak, *et al.*, 2023)

Anemia during pregnancy is one of the health problems that can endanger both the mother and the fetus. Pregnant women with anemia have a higher risk of experiencing pregnancy and childbirth complications compared to non-anemic pregnant women. One of the main causes of anemia during pregnancy is iron deficiency resulting from inadequate dietary intake, which is often associated with limited family economic resources. Therefore, anemia in pregnancy requires serious attention from healthcare providers and family members to prevent adverse maternal and fetal outcomes (Adethia, K, *et al.*, 2022)

Maternal anemia can lead to various complications, including impaired fetal growth and development, an increased risk of preterm birth, low birth weight (LBW), reduced intellectual development in children, and higher maternal and perinatal mortality rates. Iron deficiency anemia can be prevented through regular consumption of iron supplementation tablets (Fe) and adequate intake of iron-rich foods such as green leafy vegetables and meat. In addition to iron supplementation, hemoglobin levels are also influenced by the consumption of nutrients that support hemoglobin synthesis. Therefore, education regarding anemia prevention and regular monitoring of hemoglobin levels during pregnancy are essential to improve maternal and fetal health outcomes (Adethia, K, *et al.*, 2022)

Oblique lie is a fetal malpresentation in which the fetal longitudinal axis lies diagonally and is not parallel to the maternal longitudinal axis. This condition can be identified through antenatal examinations, including abdominal palpation, auscultation, and ultrasonography (USG) as a supporting diagnostic tool. Persistent oblique lie during pregnancy may increase the risk of labor complications, such as obstructed labor, umbilical cord prolapse, and the need for operative delivery. Therefore, early detection and continuous monitoring are essential to ensure maternal and fetal well-being throughout pregnancy (Ghorro *et al.*, 2024)

Management of pregnant women with oblique lie aims to promote fetal repositioning and prevent complications during childbirth. One of the non-pharmacological interventions commonly recommended is the knee-chest position exercise. This technique is performed by placing the knees on the floor, lowering the chest toward the floor, maintaining the knees at a 90-degree angle, extending the arms forward in line with the head, and turning the face to either side. Regular practice of the knee-chest position may provide more space within the uterine cavity, allowing the fetus to move and potentially assume a more favorable position for delivery. Consequently, appropriate antenatal care and maternal education play an important role in managing pregnancies complicated by oblique lie (Ghorro *et al.*, 2024)

METHODS

This study employed a descriptive case study design to explore the management of midwifery care in a pregnant woman diagnosed with oblique lie and moderate anemia. The case study was conducted at Salbiyana Primary Clinic on May 5, 2026, during a routine antenatal care visit (Laia *et al.*, 2025)

The subject of this study was Mrs. S, a 23-year-old pregnant woman with obstetric status G1P0A0. Data were collected through direct interviews, observation, physical examinations, obstetric assessments, laboratory investigations, and review of supporting medical records. Subjective data included maternal complaints and medical history, while objective data were obtained through physical and obstetric examinations (Putri *et al.*, 2025)

The instruments used included antenatal assessment forms, vital sign monitoring equipment, laboratory reports, and ultrasound examination records. Data analysis was conducted using the Midwifery Care Management approach through comprehensive assessment, data interpretation, identification of actual and potential problems, planning, implementation, and evaluation of care (Fitri *et al.*, 2026)

Ethical principles were maintained throughout the study. Patient confidentiality was protected, and all collected information was used solely for academic and scientific purposes. The patient's identity was anonymized to ensure privacy and confidentiality in accordance with research ethics standards applied in health services (Panjaitan *et al.*, 2025)

RESULTS

Case Presentation

Mrs. S, a 23-year-old pregnant woman with obstetric status G1P0A0, attended Salbiyana Primary Clinic on May 5, 2026, for routine antenatal care. The patient reported that a previous ultrasound examination showed an oblique fetal lie. She also stated that the obstetrician had recommended cesarean section delivery because of the fetal position. In addition, laboratory examination revealed a hemoglobin level of 9 g/dL.

Table 1. Table 1. Maternal Examination Findings

Variable	Findings
Age	23 years
Obstetric Status	G1P0A0
Date of Visit	May 5, 2026
Estimated Date of Delivery	June 27, 2026
Blood Pressure	120/80 mmHg
Temperature	36.5°C
Weight	48 kg
Fetal Heart Rate	150 beats/minute
Hemoglobin	9 g/dl
Ultrasound Result	Oblique Lie

Based on subjective and objective assessment findings, Mrs. S was diagnosed with a singleton intrauterine pregnancy complicated by oblique lie and moderate anemia. The patient was in good general condition with normal vital signs. Midwifery care provided included explanation of examination findings, recommendation for routine antenatal follow-up after one week, counseling on iron tablet consumption and iron-rich foods, education regarding danger signs of pregnancy, and reinforcement of the obstetrician's recommendation for cesarean section delivery.

DISCUSSION

The assessment findings showed that Mrs. S was experiencing an oblique lie during the third trimester of pregnancy. Abnormal fetal lie during late pregnancy requires careful monitoring because it may increase the risk of complications during labor and delivery. Early identification through antenatal care is important to determine appropriate management and referral planning (Laia *et al.*, 2025)

The diagnosis of oblique lie in this case was established based on ultrasound examination and antenatal assessment findings. Comprehensive antenatal examinations play an important role in detecting pregnancy complications and determining appropriate interventions to improve maternal and fetal outcomes (Laia *et al.*, 2025)

Physical examination findings showed normal maternal blood pressure, body temperature, and fetal heart rate. Although maternal and fetal conditions were stable, continuous monitoring remained necessary because pregnancies with abnormal fetal positions require close observation to prevent complications during labor (Tambunan, 2024)

Another important finding in this case was the maternal hemoglobin level of 9 g/dL, indicating moderate anemia. Anemia during pregnancy remains a major maternal health problem and is associated with an increased risk of maternal and neonatal complications. Several studies conducted by STIKes Mitra Husada Medan reported that anemia in pregnancy

is influenced by maternal characteristics, nutritional status, parity, and adherence to antenatal care services (Manurung & Simanjuntak, 2024)

Management of moderate anemia includes iron supplementation and nutritional improvement. Adequate consumption of iron tablets and iron-rich foods has been shown to support increased hemoglobin levels and reduce the risk of pregnancy complications associated with anemia (Siregar *et al.*, 2024)

The patient was also educated regarding danger signs during pregnancy and the importance of routine antenatal visits. Health education has been reported to improve maternal knowledge, increase compliance with iron supplementation, and encourage timely healthcare-seeking behavior among pregnant women (Sari *et al.*, 2024)

The obstetrician recommended cesarean section delivery because persistent abnormal fetal lie may increase the risk of labor complications. Appropriate counseling and collaborative decision-making are essential components of maternity care, allowing pregnant women to understand the risks and benefits of available delivery options while ensuring maternal and fetal safety (Tambunan, 2024)

Overall, the management provided in this case was consistent with comprehensive midwifery care principles. Early detection, routine antenatal monitoring, management of maternal anemia, health education, and interdisciplinary collaboration are important strategies for improving pregnancy outcomes and reducing maternal and neonatal complications (Sianipar *et al.*, 2025)

CONCLUSIONS

The management of midwifery care for Mrs. S, a 23-year-old pregnant woman with oblique lie and moderate anemia, was carried out through comprehensive antenatal assessment, continuous monitoring, nutritional counseling, iron supplementation, and health education. The assessment findings revealed an abnormal fetal position and a hemoglobin level of 9 g/dL, indicating moderate anemia, both of which required close observation and appropriate management to prevent maternal and fetal complications.

Early detection through antenatal care played an important role in identifying pregnancy-related risks and planning appropriate interventions. Although the obstetrician recommended cesarean section due to the persistent oblique lie, the patient expressed a preference for vaginal delivery, highlighting the importance of counseling and shared decision-making in maternity care.

Comprehensive midwifery care, interdisciplinary collaboration, and regular antenatal follow-up are essential to improve maternal and neonatal outcomes in pregnancies complicated by oblique lie and moderate anemia.

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CONFLICT OF INTEREST AND FUNDING DISCLOSURE

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AUTHOR CONTRIBUTIONS

Naezsa Adelia Suherman (NAS): Conceptualization, investigation, data collection, methodology, formal analysis, writing—original draft preparation, and writing—review and editing.

Kismiasih Adethia (KA): Supervision, validation, methodology review, critical revision of the manuscript, and final approval of the article for publication.

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