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

MIDWIFERY CARE MANAGEMENT MRS. S, G1P0A0, WITH INCOMPLETE ABORTION AT SAM PRATAMA CLINIC

[1]Siti Nurcahaya Br.Agian,[2]Syahrin Sakinah Haslim,[3] Yudha Anggraini Putri,
[4]Dewi Sartika Hutabarat, Ika Damayanti[5] ,Saminah Ginting[6]
[1,2,3,4,5]Sekolah Tinggi Ilmu Kesehatan Mitra Husada Medan
[6]Klinik Pratama SAM
Email:2319201067@mitahusadamedan.ac.id,2219201111@mitrahusadamedan.ac.id, 2319201080@mitahusadamedan.ac.id,dewisartika@mitrahusada.ac.id.ikadamayanti@mitrahusada.ac.id ,Samida@gmail.com.id.

ABSTRACT

Background: Maternal mortality remains a critical global health challenge, heavily driven by first-trimester complications like incomplete abortions. In Indonesia, this condition stands as a major cause of severe obstetric hemorrhage and maternal death. When products of conception are partially retained, it prevents uterine vessels from closing properly and acts as a medium for bacterial growth, rapidly subjecting patients to acute anemia, life-threatening hypovolemic shock, and sepsis. This severe clinical issue directly hinders the achievement of the United Nations' Sustainable Development Goals (SDGs), particularly Goal 3 which aims to reduce the global maternal mortality ratio to less than 70 per 100,000 live births. Furthermore, addressing this emergency aligns with the Indonesian government's *Asta Cita* vision, which prioritizes reinforcing human resource development and elevating public healthcare quality to protect women's reproductive health. Therefore, immediate and structured midwifery stabilization is urgently required to mitigate these lethal risks.**Objective:** This study aims to analyze and execute comprehensive Midwifery Care Management for Mrs. S, a 20-year-old primigravida (G1P0A0) experiencing an incomplete abortion at Klinik Pratama SAM in 2025.**Methods:** This research utilized a descriptive case study method. The clinical management and approach were systematically structured using Helen Varney's seven-step midwifery management framework, supplemented by SOAP documentation to evaluate and implement patient care.**Results:** The case study showed that the patient presented with active bleeding, lower abdominal pain, a dilated cervix, and tissue protrusion. Emergency management successfully stabilized the patient's hemodynamic state through fluid resuscitation, medical therapies, and timely collaboration for uterine evacuation. Post-treatment evaluation confirmed that the bleeding was controlled, vital signs normalized, and severe complications were prevented.**Conclusion:** Implementing a structured case study approach using Helen Varney's seven-step management is highly effective in ensuring rapid stabilization and preventing fatal complications, thereby advancing national healthcare goals and the SDGs.

Keywords: Midwifery Care; Incomplete Abortion;Maternal Health.

INTRODUCTION

Maternal mortality remains a persistent global health crisis, with obstetric hemorrhage and first-trimester complications serving as leading triggers of preventable deaths. Within clinical practice, a severe and life-threatening issue arises when a pregnant woman experiences an incomplete abortion, a condition where the products of conception are partially retained inside the uterine cavity (Hutabarat, 2024). The primary clinical complication of this retained tissue is that it mechanically blocks the uterine blood vessels from contracting and closing properly, inducing massive, continuous vaginal bleeding and severe abdominal cramps. If clinical stabilization is delayed or managed inadequately, the patient faces immediate, hazardous complications such as acute anemia, irreversible hypovolemic shock, intrauterine infection, and lethal sepsis.(Ashley Redinger, 2024)

This critical medical emergency directly hinders the target of the United Nations' Sustainable Development Goals (SDGs), specifically Goal 3.1, which demands a drastic reduction in the global maternal mortality ratio to less than 70 per 100,000 live births. High incidences of untreated abortion complications reflect systemic gaps in early obstetrical emergency management at the primary care level. Furthermore, resolving this health crisis aligns with the Indonesian government's *Asta Cita* vision, precisely point 4, which prioritizes comprehensive human resource development by strengthening healthcare quality and protecting reproductive health to cultivate a competitive generation.(WHO, 2023)

When a 20-year-old primigravida presents with severe active bleeding and an open cervix, immediate midwifery care using structured clinical pathways is strictly vital to secure the patient's life and future fertility. This case report highlights the clinical urgency of implementing rapid fluid resuscitation, medical stabilization, and professional collaboration to prevent fatal outcomes. By overcoming these immediate clinical risks, healthcare providers directly contribute to lowering national mortality rates, advancing global sustainability frameworks, and fulfilling national health development mandates.(WHO, 2025)

METHODS

This research used a qualitative descriptive design with a case study method. This method aims to describe in depth and comprehensively the midwifery care process for a patient with an incomplete abortion.(Syairaji *et al.*, 2024)

The case study approach was used to analyze the patient's clinical condition comprehensively, encompassing physical, psychological, and obstetric aspects, and to evaluate the effectiveness of midwifery care management based on professional practice standards.(Wenrong Wang, 2023) Research Subjects: The subject of this study was a 20-year-old female patient with obstetric status G1P0A0 (primigravida) diagnosed with a first-trimester incomplete abortion at the SAM Primary Clinic in 2025. The subject was selected based on a real-life case encountered during midwifery care and meeting clinical criteria relevant to the research objectives.(Rismalia, 2023)

This research was conducted at the SAM Primary Clinic in 2025, while the patient was undergoing midwifery care for an incomplete abortion. Data Collection Techniques: Data collection was conducted using several methods: Direct interviews with the patient to obtain subjective data.(william f. Rayburn, 2025)

Direct physical and obstetric examinations to obtain objective data. Continuous clinical observation of the patient's condition.Review of medical records and supporting examination results as secondary data.(Rismalia, 2023)

RESULTS AND DISCUSSIONS

Results

The results of this case study, based on the application of Helen Varney's Seven Steps of Midwifery Management, showed that Mrs. S, a 20-year-old primigravida (G1P0A0) at 8 weeks and 4 days of gestation, presented with incomplete abortion. During the assessment, the patient complained of vaginal bleeding for two days that had progressively increased and was accompanied by lower abdominal cramping pain. Initially, the bleeding appeared as brown spotting, which later changed to bright red bleeding, accompanied by the passage of small grayish-red tissue through the vagina.(Friza Novita Situmorang *et al.*, 2025)

Physical examination revealed that the patient was conscious (compos mentis), with a blood pressure of 100/70 mmHg, pulse rate of 96 beats per minute, respiratory rate of 22 breaths per minute, and body temperature of 36.8°C. The conjunctiva appeared slightly pale. Pelvic examination showed that the cervix was dilated approximately 2 cm, with retained products of conception visible at the external cervical os, and the uterine size was smaller than expected for the gestational age. Based on these findings, the midwifery diagnosis was established as incomplete abortion.(Denise F. Polit, 2021)

Midwifery care included monitoring vital signs, assessing the amount of vaginal bleeding, administering intravenous Ringer's Lactate solution, providing prescribed medications including ketorolac and tranexamic acid injections, offering psychological support, educating the patient and her family, and collaborating with an obstetrician-gynecologist for referral and definitive management. The evaluation showed that the patient's condition improved, vaginal bleeding decreased, abdominal pain subsided, vital signs remained stable, and no complications were observed during the period of care.(Chawla, S., & Sharma, 2023)

Discussion

The findings of this case indicate that Helen Varney's midwifery management was implemented systematically, beginning with assessment, diagnosis, identification of potential problems, immediate intervention, planning, implementation, and evaluation. The diagnosis

of incomplete abortion was established based on the presence of vaginal bleeding, lower abdominal pain, cervical dilatation, and partial expulsion of the products of conception. These findings are consistent with the theory that incomplete abortion is characterized by the partial expulsion of conception products while the cervical os remains open, resulting in retained tissue within the uterus.(Martinez., 2025)

Potential complications identified in this case included severe hemorrhage, anemia, infection, and hypovolemic shock due to continuous blood loss. According to the World Health Organization(WHO, 2023), incomplete abortion is an obstetric emergency that requires prompt management to prevent life-threatening complications. In this case, these complications did not occur because immediate interventions were provided, including intravenous fluid therapy, pharmacological treatment, close monitoring, and timely collaboration with an obstetrician-gynecologist.(Syairaji *et al.*, 2024)

The midwifery care provided was consistent with standard clinical guidelines, including monitoring the patient's general condition, observing vaginal bleeding, administering prescribed therapy, providing health education and emotional support, and arranging referral for definitive treatment. Evaluation demonstrated that the patient's condition improved, bleeding decreased, abdominal pain was relieved, vital signs remained stable, and no signs of infection or other complications were observed.(Kyejo *et al.*, 2022)

These findings are consistent with the study by (Getie *et al.*, 2024) which reported that prompt and comprehensive management of incomplete abortion significantly reduces the risk of hemorrhage, infection, and future reproductive complications. Therefore, the application of Helen Varney's midwifery management in this case was consistent with both theoretical principles and evidence-based practice, resulting in optimal maternal outcomes.

CONCLUSION AND SUGGESTION

Conclusions

The comprehensive clinical management of Mrs. S, a 20-year-old primigravida presenting with an incomplete abortion at Klinik Pratama SAM, demonstrates that rapid, systematic midwifery care is essential to mitigate severe obstetric complications. The primary conclusion drawn from this clinical case report indicates that the timely identification of first-trimester bleeding problems, paired with the immediate execution of stabilization protocols, plays a decisive role in preventing life-threatening conditions(Manurung, 2025). Incomplete abortion presents an immediate medical risk due to retained products of conception, which impair uterine muscle contractility, prolong vaginal hemorrhage, and create a highly vulnerable environment for ascending intrauterine infections and secondary sepsis. By executing

structured, evidence-based interventions specifically immediate intravenous fluid resuscitation, antifibrinolytic therapy, and pain management—the patient's hemodynamic stability was successfully preserved, effectively preventing the development of acute anemia, hypovolemic shock, and systemic infection.(Merav Sharvit, 2023)

Furthermore, this case underscores that standard primary stabilization combined with swift interdisciplinary collaboration for complete uterine evacuation represents the gold standard for reducing maternal morbidity and mortality (S. N. Sinaga, 2025). Overcoming these critical clinical emergencies at the primary care level directly translates to achieving broader reproductive health milestones, aligning with international targets set by the United Nations' Sustainable Development Goals (SDGs), particularly Goal 3.1, and supporting Indonesia's national *Asta Cita* framework to enhance healthcare service quality and protect human capital. Ultimately, this report reinforces that utilizing a disciplined, structured assessment framework enables midwives to deliver precise, high-quality, and time-sensitive care. This clinical approach not only resolves the immediate health crisis and promotes safe physiological recovery, but it also preserves the patient's long-term reproductive fertility, establishing a critical standard for future primary maternal care delivery.(WHO, 2025)

Suggestion

Based on the findings of this case study on the midwifery management of incomplete abortion in Mrs. S, several recommendations can be proposed to improve the quality of maternal healthcare services.First, healthcare providers, especially midwives, are encouraged to enhance their competence in early detection and emergency management of incomplete abortion. Continuous training and updating of clinical skills are essential to ensure timely and appropriate interventions, thereby reducing the risk of complications such as hemorrhage, infection, and hypovolemic shock. (Yessi, Hendra Kusumajaya, 2025)

Second, health facilities are advised to strengthen the implementation of standardized midwifery care, particularly by applying Helen Varney's Seven-Step Management Process in a systematic and consistent manner(R. Sinaga, 2025). This approach can improve clinical decision-making and ensure comprehensive, patient-centered care.Third, patient education should be improved to increase awareness regarding early danger signs of pregnancy complications. Providing clear information about when to seek immediate medical care can help prevent delays in treatment and reduce maternal morbidity.(WHO, 2025)

Finally, further research is recommended to explore larger case samples or comparative studies related to incomplete abortion management. This will contribute to the development of more effective, evidence-based midwifery practices and support the improvement of maternal health outcomes globally.(Getie *et al.*, 2024)

ACKNOWLEDGEMENT

The author would like to express sincere gratitude to STIKes Mitra Husada Medan for providing academic support during this research. The author also thanks the research supervisor for valuable guidance and all respondents who willingly participated in this study. Appreciation is also extended to healthcare workers and related parties who assisted in the data collection process.

REFERENCES

Ashley Redinger, H.N. (2024) "Incomplete Miscarriage."

Chawla, S., & Sharma, P. (2023) "Retained Products of Conception (RPOC): Diagnosis, Complication & Management," *The Journal of Obstetrics and Gynecology of India* [Preprint].

Denise F. Polit, C.T.B. (2021) "Nursing Research: Generating and Assessing Evidence for Nursing Practice," in.

Friza Novita Situmorang, S. *et al.* (2025) "Hubungan Usia dan Riwayat Abortus dengan Kejadian Abortus di Puskesmas Peninggalan Kabupaten Musi Banyuasin Provinsi Sumatera Selatan Tahun 2024 STIKes Mitra Husada Medan , Indonesia."

Getie, S.A. *et al.* (2024) "Management outcome of incomplete abortion and its associated factors in Northwest Ethiopia: A health facility based cross-sectional study," *SSM - Health Systems* [Preprint].

Hutabarat, D.S. (2024) "Asuhan Manajemen Kebidanan Berkelanjutan Continuity Of Care(Coc) Pada Ibu Hamil,Bersalin,Nifas,Bayi Baru Lahir Dan Keluarga Berencana Pada Ny.I Di Klinik Pratama Citra Kabupaten Deli Serdang Sumatera Utaraasuhan Manajemen Kebidanan Berkelanjutan Continuit."

Kyejo, W. *et al.* (2022) "Cervical vasovagal shock : A rare complication of incomplete abortion case report," *International Journal of Surgery Case Reports*, 97(July), hal. 107455. Tersedia pada: https://doi.org/10.1016/j.ijscr.2022.107455.

Manurung, H.R. (2025) "Design And Implementation Of Android And Gps Based Friend Application In Mitigation Efforts And Early Emergency Aid For Disaster Victims In Maternal And Neonatal Parents," hal. 76–87.

Martinez., E.P.C.L. (2025) "Abortion Complications."

Merav Sharvit, Yael Yagur, Rebecca Shams, Yair Daykan, Z.K.& R.S. (2023) "Outcomes of incomplete abortion related to treatment modality," *General Gynecology* [Preprint].

Rismalia (2023) ""THE RELATIONSHIP BETWEEN KNOWLEDGE OF PREGNANT WOMEN AND THE INCIDENCE OF ABORTION AT THE TANJUNG TIRAM HEALTH CENTER, REGENCY BATUBARA IN 2023," hal. 4–8.

Sinaga, R. (2025) "Contunuity Of Care In Midwifwry For Breasteng Or GGementin Mr.s A at Midwife wanti's Midwifery,Medan Deli Subdisict Mwdan City," 5.

Sinaga, S.N. (2025) "THE RELATIONSHIP BETWEEN MATERNAL ANXIETY AND EARLY MANAGEMENT OF FEBRILE SEIZURES IN CHILDREN AT RSUP HAJI ADAM MALIK MEDAN," 5, hal. 2023–2026.

Syairaji, M. *et al.* (2024) "Trends and causes of maternal mortality in Indonesia : a systematic review," 6, hal. 1–14.

Wenrong Wang (2023) "Evaluation of different doses of Femoston therapy for incomplete abortion," *Observational Study*, (September), hal. 1–7.

WHO (2023) "Incomplete abortion management: Recommendations."

WHO (2025) "Maternal mortality."

WILLIAM F. RAYBURN (2025) "Obstetrics & Gynecology Clinics of North America_20260622 (1)."

Yessi, Hendra Kusumajaya, M. (2026) "FAKTOR- FAKTOR YANG BERHUBUNGAN DENGAN KEJADIAN KABUPATEN BANGKA BARAT TAHUN 2025," 8(1), hal. 42–52.