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CASE STUDY COMMUNITY MIDWIFERY CARE FOR PREGNANT WOMEN WITH HYPEREMESIS GRAVIDARUM LEVEL 1 IN HALL II, BANGUN REJO VILLAGE, TANJUNG MORAWA DISTRICT, DELI REGENCY, SERDANG, 2026

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ABSTRACT

Background: Hyperemesis gravidarum is a condition of excessive nausea and vomiting during pregnancy that can cause dehydration, nutritional disorders, and reduce the quality of life of pregnant women. Appropriate treatment is needed to prevent complications in the mother and fetus. Objective: To describe the implementation of community midwifery care for Mrs. S, 36 years old with hyperemesis gravidarum level I in Hamlet II, Bangun Rejo Village, Tanjung Morawa District, Deli Serdang Regency in 2026. **Method:** Case study with a midwifery care management approach that includes assessment, diagnosis, planning, implementation, and evaluation. **Results:** The assessment showed that the client experienced nausea and vomiting 4–5 times per day, accompanied by weakness, dizziness, decreased appetite, decreased skin turgor, and sunken eyes. Interventions provided were health education, regulating small but frequent eating patterns, increasing fluid intake, consuming ginger, regulating rest patterns, and family support. **Evaluation** showed an improvement in the condition characterized by a decrease in the frequency of nausea and vomiting, increased appetite, improved hydration status, and the disappearance of complaints of weakness and dizziness. **Conclusion:** Comprehensive, family-based community midwifery care is effective in helping manage stage I hyperemesis gravidarum in pregnant women.

Keywords: Hyperemesis**,** Gravidarum, Pregnancy, Midwifery, Community

INTRODUCTION

The target of reducing maternal mortality is still used as the target of Sustainable Development Goals (SDGs) 3. Statistical data ensures healthy lives and promotes well-being for all people of all ages, namely reducing the MMR to below 70 per 100,000 live births, ending preventable infant and child deaths, by reducing the Neonatal Mortality Rate to 12 per 1,000 live births and the under-five mortality rate to 25 per 1,000 live births, which must be achieved by 2030 (World Health Organization, 2025)

Gravidarum in Indonesia nationally varies between 0.8-3.2% of total pregnancies, with 14.8% of 5,212,568 pregnant women in 2021.The incidence of hyperemesis gravidarum in Medan is estimated at 1–3% of all pregnancies. This condition is more common in

primigravidas, young women, those with multiple pregnancies, and women with certain psychological and nutritional factors.

Hyperemesis gravidarum is often triggered by a drastic increase in human chorionic gonadotropin (HCG) levels in the first trimester, which stimulates the vomiting center in the brain and triggers extreme nausea. Progesterone, on the other hand, relaxes the smooth muscles of the digestive tract, reducing gastric and intestinal motility, causing the stomach to feel "empty" more quickly and worsening symptoms (Fejzo *dkk.*, 2026; Jansen *dkk.*, 2026).

From the results of the data we obtained through interviews with all residents of Duchy I Bangun Rejo, with the number of families, souls, and the problems that occur in Duchy I are the lack of exclusive breastfeeding and the high number of families not using family planning. The data obtained is the number of women of childbearing age (PUS) in Duchy I, which is from these results. The author conducted interviews with mothers in Duchy I Bangun Rejo as respondents. The author interviewed 10 respondents who experienced hyperemesis gravidarum to obtain information about health problems that occur in the area (Bakara *dkk.*, 2026)

To address health issues in the community sector, Mitra Husada Medan Health College students carried out Field Learning Practice in Hamlet I, Bangun Rejo Village, Tanjung Morawa District, Deli Serdang Regency, especially in Hamlet I, Bangun Rejo, to realize the Happy, Prosperous Small Family Norm Society (NKKBS). (Deltis *dkk.*, 2026).

From the results of a survey conducted on February 11 – May 2, 2026, the family being mentored was Mrs. “S,” aged 36 years, with hyperemesis gravidarum in I Bangun Rejo Hamlet, Tanjung Morawa District, Deli Serdang Regency in 2026.

METHODS

This research is a descriptive, analytical case study to explore the issue of midwifery care for pregnant women in Mrs. S using the SOAP method. Midwifery care was carried out in Hamlet II, Bangun Rejo Village, Tanjung Morawa District, Deli Serdang Regency, on February 13, 2020. The instruments used in this case were the pregnant woman assessment format with Varney's 7 steps and SOAP documentation for progress notes (Pakpahan *dkk.*, 2026).

The subject in this case study is Mrs. S, a 36-year-old pregnant woman with grade I hyperemesis gravidarum. The research sample studied was one patient, to be able to carry out comprehensive community midwifery care for pregnancy in Mrs. S with grade I hyperemesis gravidarum. Midwifery care was carried out on patients in Dusun II, Bangun Rejo Village, Tanjung Morawa District, Deli Serdang Regency. The implementation of this midwifery care began with the preparation of reports, data collection, followed by processing the results and researching case study reports from February 2026. (Zebua *dkk.*, 2026)

The data collection method for this case study uses the following techniques: (1) interviews, (2) observation, (3) general physical examination (general condition, vital signs), obstetric examination (inspection, palpation, percussion, auscultation) and supporting examinations (ultrasound and laboratory examinations: blood, urine), and (4) documentation studies (results of diagnostic examinations).

The data collection tools or instruments used were the midwifery care assessment format with the SOAP method, a checklist of the steps for Level I Hyperemesis Gravidarum, and tools and materials for handling Level I hyperemesis gravidarum. The data analysis used in this case study was descriptive analysis presented textually/narratively.

Data analysis was conducted from the time the researcher was in the field, collecting data, until all the data was collected. Data analysis was carried out by comparing facts in the field with existing theories and then presented in the form of a discussion. The data analysis

technique used was to conclude the results of the identification carried out, both on subjective and objective data collection, through direct observation by the researcher and documentation studies as material for providing recommendations in implementing midwifery care management.

RESULTS AND DISCUSSIONS

Based on the results of community midwifery care management carried out by Mrs. S, 36, in Hamlet II, Bangun Rejo Village, Tanjung Merowa District, Deli Serdang Regency, data were obtained indicating that the client was categorized as a pregnant woman with hyperemesis gravidarum. (Nelson-Piercy *dkk.*, 2026)

The assessment results showed that subjectively, the client reported nausea and vomiting 4-5 times a day, dizziness, and weakness. Meanwhile, objective data indicated that the client was in good general condition, compos mentis, and had normal vital signs (BP: 100/90 mmHg, RR: 22 beats/minute, HR: 78 beats/minute, and temperature: 36.5°C) (Jansen *dkk.*, 2026)

Based on the data analysis, the obstetric diagnosis was established, namely Mrs. S, 36 years old, G1P0A0, 22M4H gestation with grade I hyperemesis gravidarum. There were no pathological problems found, but there was a need for increased information and knowledge levels about the causes of hyperemesis gravidarum, how to overcome it, and support from her husband and family. (Nelson-Piercy *dkk.*, 2026; Syafiuddin *dkk.*, 2026)

Implementation is carried out through a communication approach. Education is provided systematically and aims to increase knowledge about hyperemesis gravidarum and reduce anxiety about the condition. It also helps clients address problems appropriate to their condition. It also encourages clients to regulate rest and And here also given care to mothers to regulate small but frequent eating patterns, regulate the pattern of rest 8 hours at night and 2 hours during the day, encourage mothers to break down the heavy activities that mothers do, tell mothers to consume ginger drinks and how to choose fresh ginger then grated until smooth, mixed with 50 ml of warm water, after that let it sit for 15 minutes until the aroma of ginger comes out, then strain first and then drink. (Adethia dan Sapna, 2026; Matthews *dkk.*, 2026)

Esin's research also suggests that peppermint aromatherapy may have an effect on pregnant women experiencing hyperemesis gravidarum. Aromatherapy, which utilizes the sense of smell, is a method that uses nerve receptors connected to the brain, so its effects are immediately felt by pregnant women experiencing excessive nausea and vomiting. Aromatherapy is a therapeutic practice that uses essential oils from plants to improve a person's physical and psychological well-being. Each essential oil has unique and specific pharmacological effects, such as antibacterial properties that can fight bacterial infections, antiviral properties, and diuretic properties that help excrete body fluids through urine (Safajou *dkk.*, 2026)

After administering peppermint oil aromatherapy, nausea and vomiting in pregnant women will decrease because peppermint contains menthol and menthone, which can act as antiemetics and antispasmodics on the lining of the stomach and intestines, thus helping to treat or eliminate nausea and vomiting in pregnant women. (Hernandini dan Machmudah, 2026)

Research shows that primigravida pregnant women experience hyperemesis gravidarum more often than multigravida pregnant women. This is because first-time mothers are not yet able to optimally adapt to the hormonal changes and psychological stress during pregnancy, so nausea and vomiting can be more severe. Furthermore, poor nutritional status increases the risk of hyperemesis gravidarum. Inadequate energy reserves make the body more susceptible to the effects of nausea and vomiting, which in turn can lead to dehydration and

electrolyte imbalances if not treated promptly. (Bakara *dkk.*, 2026; Boelig *dkk.*, 2026)

The evaluation results showed that the client was able to manage her condition, understood how to manage rest and diet patterns, and followed the recommendations given to her. Her husband and family provided support. This indicates an increase in knowledge from the educational interventions provided. (Sinaga *dkk.*, 2026)

Overall, the implementation of care was in accordance with the stages of midwifery management, which include assessment, diagnosis, needs identification, planning, implementation, and evaluation. The intervention focused on empowerment through increasing client knowledge and providing support from her husband and family at the community level. (Pakpahan *dkk.*, 2026; Sandall *dkk.*, 2026).

CONCLUSIONS

Based on the results of community midwifery care for Mrs. S, 36 years old, with grade I hyperemesis gravidarum, it was found that the condition of excessive nausea and vomiting accompanied by weakness, dizziness, decreased appetite, and signs of mild dehydration can be managed through a comprehensive midwifery care approach. Interventions provided included health education, regulating diet and rest patterns, fulfilling fluid needs, and family support. The evaluation results showed an improvement in the mother's condition, characterized by a decrease in the frequency of nausea and vomiting, increased appetite, improved hydration status, and a return to normal general condition. Thus, continuous and family-based community midwifery care is effective in helping to overcome grade I hyperemesis gravidarum in pregnant women. (Matthews *dkk.*, 2026; Zebua *dkk.*, 2026)

Healthcare workers and educational institutions are expected to increase educational, promotive, and preventive efforts related to hyperemesis gravidarum and use the results of this report as a reference in the development of midwifery science, particularly in community midwifery care. (Nelson-Piercy *dkk.*, 2026)

Communities, families, and clients are expected to increase support for pregnant women by ensuring adequate nutrition, adequate rest, and regular prenatal checkups. Clients are also expected to adopt a pattern of eating small, frequent meals, maintaining fluid intake, and promptly consulting a healthcare professional if symptoms worsen. (Asriyani dan Galaupa, 2026; Jansen *dkk.*, 2026)

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CONFLICT OF INTEREST AND FUNDING DISCLOSURE

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AUTHOR CONTRIBUTIONS

Abel Amanda**:** Conceptualization, data collection, community assessment, implementation of midwifery care, data analysis, manuscript drafting, and manuscript revision.

Dr. Rosmani Sinaga: Supervision, methodology development, scientific review, validation of findings, and critical revision of the manuscript.
Siska Suci Triana Ginting**:** Data interpretation, literature review, manuscript editing, and validation of the final manuscript. Clara Deltis**:** Assistance in data collection, documentation, data management, and manuscript preparation.
Dui Ronola Sihotang**:** Literature search, data verification, manuscript proofreading, and administrative support.

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