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MIDWIFERY CARE FOR MRS. R WITH IUFD AT KLINIK PRATAMA SAM

[1]Apriyanis Waruwu, [2]Nur Azizah, [3]Niska Wati Waruwu, [4]Yenny Gultom, [5]Saminah Ginting

[1,2,3,4,]Sekolah Tinggi Ilmu Kesehatan Mitra Husada Medan
[5]Klinik Pratama Sam

2419401012@mitrahusada.ac.id, nurazizah@mitrahusada.ac.id, 2319401036@mitrahusada.ac.id, 2119401048@mitrahusada.ac.id, saminahginting@gmail.com

ABSTRACT

Background: Maternal and fetal health is an important aspect of reproductive health services. Pregnancy complications may lead to adverse outcomes, including intrauterine fetal death (IUFD), which has significant physical and psychological effects on the mother. Therefore, comprehensive midwifery care is required to ensure proper management and emotional support. **Objectives:** This study aimed to provide midwifery care for Mrs. R with Intrauterine Fetal Death (IUFD) at Klinik Pratama Sam in 2026 using the seven-step Varney midwifery management approach and SOAP documentation. **Methods:** The research method used was a descriptive study with a case study approach. Data were collected through interviews, observations, physical examinations, obstetric examinations, and medical record review. **Results:** Mrs. R was a 38-year-old woman with obstetric status G2P1A0 at 23 weeks and 3 days of gestation. She was diagnosed with IUFD based on the absence of fetal movement, fundal height not matching gestational age, and no fetal heart sounds. The midwifery interventions included maternal monitoring, intravenous Ringer Lactate administration, preparation for delivery management, and psychological support. The patient's condition remained stable and she showed acceptance of her condition with strong family support. **Conclusions:** the implementation of comprehensive midwifery care using Varney's seven-step approach is effective in managing IUFD cases and providing both physical and psychological support to the mother.(Song *et al.*, 2025)

Keywords: IUFD, midwifery care, case study, Varney management, psychological support

INTRODUCTION

Maternal and fetal health remains a global priority in reproductive health services due to its direct impact on maternal morbidity and psychological well-being. Intrauterine fetal death (IUFD) is one of the most serious pregnancy complications contributing to adverse maternal outcomes worldwide(van de Sande *et al.*, 2025)

Despite advances in antenatal care, IUFD cases are still reported in both developed and developing countries, including Southeast Asia and Indonesia. Various factors such as maternal age, obstetric history, and antenatal complications contribute to the occurrence of IUFD. National maternal health programs have emphasized early detection of high-risk

pregnancies through antenatal care (ANC) services; however, IUFD cases are still encountered in clinical practice.

At the local level, cases of IUFD require comprehensive management not only focusing on physical care but also psychological support for the mother and famil (Pesch *et al.*, 2024). Previous studies have shown that structured midwifery management using Varney's seven steps and SOAP documentation can improve the quality of care and maternal adaptation to loss (Bishop *et al.*, 2026). However, implementation in clinical settings still requires strengthening to ensure holistic care delivery.

Therefore, this study is important to be conducted to describe and analyze the implementation of comprehensive midwifery care for a patient with IUFD. The purpose of this study is to provide midwifery care for Mrs. R with IUFD at Klinik Pratama Sam in 2026 using Varney's seven-step management approach and SOAP documentation. The research question in this study is: how is the implementation of comprehensive midwifery care using Varney's management approach in a case of IUFD at Klinik Pratama Sam in 2026.

METHODS

This study used a descriptive case study design to describe the implementation of comprehensive obstetric care for patients diagnosed with intrauterine fetal death (IUFD). The case study approach was chosen because it allows for in-depth exploration of specific clinical conditions and allows the researcher to provide detailed descriptions of the assessment, diagnosis, intervention, and evaluation processes(Potter *et al.*, 2023). This study applied Varney's Seven-Step Midwifery Management Process and SOAP documentation as a framework for providing and recording obstetric care.

The study was conducted at Klinik Pratama Sam in 2026. The subject of this case study was Mrs. R, a 38-year-old pregnant woman with obstetric status G2P1A0 at 23 weeks and 3 days of gestation diagnosed with intrauterine fetal death. Participants were purposively selected based on the presence of a case, the relevance of the clinical condition to the study objectives, and the availability of complete clinical data necessary for comprehensive case analysis.

Data were collected through several techniques, including interviews, direct observation, physical examination, and medical record review. Interviews were conducted to obtain subjective information regarding the mother's complaints, obstetric history, current pregnancy history, and psychological response to the diagnosis. Direct observation was used to monitor the patient's condition throughout the care process (Kato *et al.*, 2022). The physical examination included assessment of vital signs, the mother's general condition, and obstetric findings relevant to the diagnosis of intrauterine death (IUFD). A medical record review was conducted to support and verify the clinical findings obtained during the assessment process(Wada *et al.*, 2023).

The collected data were categorized into subjective and objective findings. Subjective data consisted of the mother's complaints, perceptions, feelings, and previous obstetric experiences. Objective data included vital signs, physical examination results, obstetric examination findings, and other relevant clinical information (Saccone *et al.*, 2022). These data were then systematically analyzed according to the steps of the Varney Midwifery Management Process, including assessment, diagnosis, identification of actual and potential problems, immediate intervention, planning, implementation, and evaluation(Bonasoni *et al.*, 2022).

Data analysis was conducted descriptively by comparing clinical findings with existing theories, evidence-based guidelines, and previous studies related to intrauterine fetal

death and comprehensive obstetric care. This analysis aims to identify similarities and differences between theoretical concepts and actual clinical practice (Liu *et al.*, 2025). The findings are presented narratively to provide a detailed understanding of the management of IUFD in aprimary care setting.

To ensure ethical standards, patient confidentiality and privacy were strictly maintained throughout the study. Personal identities were removed from all records and reports, and the information obtained was used exclusively for educational and scientific purposes. This study adhered to the ethical principles of autonomy, beneficence, and confidentiality in the provision of obstetric care and the preparation of the case report(Li *et al.*, 2023).

RESULTS AND DISCUSSIONS

Mrs. R, a 38-year-old pregnant woman with obstetric status G2P1A0 and gestational age of 23 weeks and 3 days, attended Klinik Pratama Sam in 2026 with a complaint of absent fetal movement for approximately three days. The patient also expressed concerns regarding her pregnancy condition (Muin *et al.*, 2022). Physical examination revealed that her general condition was stable, with a blood pressure of 110/80 mmHg, pulse rate of 80 beats per minute, respiratory rate of 24 breaths per minute, and body temperature of 36°C. Obstetric examination showed that the fundal height was not consistent with gestational age, fetal movements were absent, and fetal heart sounds could not be detected. Based on these findings, Mrs. R was diagnosed with intrauterine fetal death (IUFD) (Tantengco *et al.*, 2024).

One of the most significant findings in this case was the absence of fetal movement for three consecutive days. Maternal perception of fetal movement is widely recognized as an important indicator of fetal well-being. Reduced or absent fetal movement may indicate placental insufficiency, fetal hypoxia, growth restriction, or fetal death. Therefore, changes in fetal movement should be considered a pregnancy danger sign requiring immediate assessment and intervention(van de Sande *et al.*, 2025). This finding is consistent with the literature review on strategies for reducing maternal and infant mortality through early detection of pregnancy danger signs, which emphasizes the importance of recognizing warning signs during pregnancy to prevent adverse maternal and fetal outcomes (Bancin, Hutri Prawita dkk *et al.*, 2023)

Maternal age was another important factor identified in this case. Mrs. R was 38 years old, placing her in the advanced maternal age category. Women aged 35 years and above have a greater risk of pregnancy complications, including placental dysfunction, hypertensive disorders, fetal growth restriction, stillbirth, and intrauterine fetal death. Consequently, maternal age may have contributed to the occurrence of IUFD in this case. These findings highlight the importance of continuous antenatal monitoring and comprehensive maternal healthcare services, particularly among high-risk pregnancies.

The diagnosis of IUFD was established based on the absence of fetal movement, fundal height inconsistent with gestational age, and the inability to detect fetal heart sounds during examination. Accurate diagnosis is essential because delayed management may increase the risk of maternal complications such as infection, hemorrhage, and coagulation disorders. Therefore, comprehensive assessment and timely intervention are crucial components of quality obstetric and midwifery care.

Following the diagnosis, comprehensive midwifery care was provided using Varney's Seven-Step Midwifery Management Process. The midwife performed systematic assessment, identified actual and potential problems, developed an appropriate care plan, implemented

interventions, and conducted continuous evaluation. This finding is consistent with the study entitled Midwifery Care Management for Mrs. R Aged 37 Years with Intrauterine Fetal Death at Klinik Pratama Niar, Medan City, 2024, which reported that the application of Varney's management framework facilitates comprehensive and effective care for women experiencing fetal death (Simanjuntak *et al.*, 2024).

The interventions implemented in this case included monitoring maternal condition, observation of vital signs, intravenous Ringer Lactate administration according to medical instructions, preparation for further management, health education, emotional support, and family involvement. The identification of potential complications, including infection, hemorrhage, coagulation disorders, and psychological distress, enabled the healthcare team to provide preventive and supportive care aimed at maintaining maternal safety.

In addition to physical management, psychological support was considered an essential aspect of care. Pregnancy loss often results in grief, anxiety, sadness, guilt, and emotional trauma. During the assessment, Mrs. R expressed concerns regarding her condition and the outcome of her pregnancy. Therapeutic communication, counseling, and family involvement were provided to help the patient cope with the loss and facilitate emotional adaptation. Family support played a significant role in strengthening the patient's psychological well-being during the grieving process.

Furthermore, this case emphasizes the importance of continuity of care throughout pregnancy. Continuous maternal healthcare services allow healthcare providers to identify risk factors, monitor maternal and fetal conditions, and provide timely interventions when complications arise. This finding is in line with the study entitled Continuity Health Service for Pregnant Women at Hamidah Independent Midwifery Practice, which highlighted that continuous and comprehensive maternal healthcare contributes to early detection of complications and improved maternal outcomes (Putri *et al.*, 2024)

Evaluation showed that the patient's physical condition remained stable throughout the observation period. The patient and her family were able to understand the diagnosis and management plan, while counseling and emotional support helped reduce anxiety and improve acceptance of the pregnancy loss. No immediate maternal complications were observed during the period of care (Boudry *et al.*, 2023).

Overall, this case demonstrates that comprehensive midwifery care based on Varney's Seven-Step Midwifery Management Process can effectively address both the physical and psychological needs of women experiencing intrauterine fetal death. Early recognition of pregnancy danger signs, timely diagnosis, continuity of care, and holistic support remain essential components of quality midwifery services and contribute to improving maternal outcomes.

CONCLUSIONS

This case study shows that Mrs. R, a 38-year-old woman with a G2P1A0 gestational age of 23 weeks and 3 days, was diagnosed with intrauterine fetal demise (IUFD) based on the absence of fetal movement, fundal height inappropriate for gestational age, and absence of fetal heartbeat. The application of Varney's Seven-Step Midwifery Management Process enabled comprehensive and systematic care through assessment, diagnosis, planning, implementation, and evaluation. Comprehensive midwifery care, including physical monitoring, psychological support, and family involvement, contributed to maintaining maternal well-being and facilitating acceptance of the pregnancy loss. These findings

highlight the importance of holistic, patient-centered midwifery care in the management of IUFD.

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