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MIDWIFERY CARE MANAGEMENT OF MR. T WITH INTRACRANIAL TUMOR AT RSU HAJI MEDAN

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ABSTRACT

Background: Intracranial tumors are abnormal tissue growths inside the skull that can increase pressure in the brain and affect neurological function. Patients often experience headaches, visual disturbances, weakness of the arms and legs, seizures, and decreased consciousness. Delayed diagnosis and lack of understanding about the disease can worsen the patient's condition. Therefore, comprehensive care is needed to support recovery and improve quality of life. **Objective:** This study aimed to describe the implementation of midwifery care management for a patient with an intracranial tumor at RSU Haji Medan in 2025. **Methods:** This study used a descriptive case study approach. Data were collected through interviews, direct observation, physical examination, neurological assessment, monitoring of vital signs, and review of medical records. Midwifery care was provided using Helen Varney's 7-step management approach, and the data were analyzed descriptively. **Results:** The patient experienced persistent headache, weakness of the arms and legs, visual disturbances, and fatigue. The care provided included monitoring of neurological status and vital signs, health education, psychological support, and collaboration with other healthcare professionals. Evaluation showed improvement in neurological status, reduced symptoms, stable physical condition, and better understanding of the disease and treatment process. **Conclusion:** Comprehensive midwifery care management helps maintain patient stability, improve neurological outcomes, and support recovery. Continuous assessment, patient education, psychological support, and collaboration with healthcare professionals are important in caring for patients with intracranial tumors.

Keywords: Intracranial Tumor; Midwifery Care Management; Neurological Assessment; Patient Education; Case Study

INTRODUCTION

Intracranial tumors are abnormal tissue growths inside the skull that may originate from the brain, meninges, cranial nerves, or spread from tumors in other organs. These tumors can increase intracranial pressure and affect normal brain function. Common symptoms include headaches, visual disturbances, weakness of the arms and legs, seizures, nausea, vomiting, and decreased consciousness. If not treated properly, intracranial tumors can lead to serious complications, disability, reduced quality of life, and even death.Brain and central nervous system tumors remain an important health problem worldwide(Tifany *et al.*, 2025)

According to the World Health Organization, these tumors contribute significantly to illness and death. In Indonesia,many patients are diagnosed at a late stage because the early symptoms are often unclear and ignored. Delayed diagnosis can cause disease progression and reduce treatment options.Advancesin diagnostic technology and treatment have improved the management of intracranial tumors(August *et al.*, 2026)

However, comprehensive care is still needed throughout the treatment process. Management of intracranial tumors requires collaboration among neurosurgeons, physicians, nurses, and midwives to achieve the best outcomes(Rozi, 2023)

Midwives play an important role in providing holistic care through patient assessment, monitoring of vital signs and neurological status, health education, psychological support, and collaboration with other healthcare professionals. Therefore, this study aimed to describe the implementation of midwifery care management in a patient with an intracranial tumor at RSU Haji Medan in 2025(Sianturi *et al.*, 2024)

METHODS

This study used a descriptive case study design. The study was conducted in the Tha'if Room of RSU Haji Medan, North Sumatra, in 2025. The subject of this study was a patient diagnosed with an intracranial tumor who received inpatient care.Data were collected through interviews with the patient and family, direct observation, physical examination, neurological assessment, monitoring of vital signs, and review of medical records. Midwifery care was implemented using Helen Varney's 7-step management approac(R *et al.*, 2023)

The instruments used included observation sheets, interview guidelines, a sphygmomanometer, a thermometer, a pulse oximeter, and medical records. Data were analyzed descriptively and presented in narrative form.Ethical principles such as informed consent, confidentiality, anonymity, and respect for patient privacy were applied throughout the study. Permission to conduct the study was obtained from RSU Haji Medan according to institutional regulations and ethical standards(Mariany, Napitupulu and Sihombing, 2024)

RESULT

Mr. T was admitted to the Tha'if Room of RSU Haji Medan in 2025 with a diagnosis of an intracranial tumor. During the initial assessment, the patient complained of persistent headache, weakness of the arms and legs, visual disturbances, and fatigue. The patient was conscious (compos mentis) and able to communicate well.Physical examination showed stable vital signs. Blood pressure was within normal limits, pulse rate ranged from 85–92 beats per minute, body temperature ranged from 36–36.7°C, and oxygen saturation remained above 97%(Bayi, Puskesmas and Kecamatan, 2021)(2023)

Neurological assessment showed decreased muscle strength and limitations in daily activities. Midwifery care included continuous monitoring of vital signs and neurological status, health education, psychological support, and collaboration with physicians and nurses.After receiving comprehensive care, the patient reported reduced headache intensity, improved comfort, and a better understanding of the disease and treatment plan. Muscle strength gradually improved, and limitations in daily activities

decreased. No severe complications such as seizures or decreased consciousness occurred during hospitalization{Formatting Citation}(Neurosains, 2019)

Table 1. tumor intracranial

Variable	Findings
Age	34 years
Sex	Male
Medical Diagnosis	Intracranial Tumor
Chief Complaints	Headache, extremity weakness, visual disturbance, fatigue
Blood Pressure	Within normal limits
Pulse Rate	85–92 beats/minute
Temperature	36–36.7°C
Oxygen Saturation	>97%
Level of Consciousness	Compos mentis
Outcome	Improved neurological status

DISCUSSION

The findings of this study show that comprehensive midwifery care management helps maintain patient stability and supports recovery in patients with intracranial tumors. Continuous monitoring of vital signs and neurological status allows early detection of changes in the patient's condition and helps prevent complications.The patient experienced improvement in symptoms after receiving care. Headache intensity decreased, comfort improved, and muscle strength gradually increased. These findings indicate that regular assessment and appropriate interventions contribute to better patient outcomes(2024) (2023)

Health education and psychological support also played an important role. Patients with intracranial tumors often experience anxiety related to their illness and treatment. Providing clear information and emotional support helped the patient better understand the ase and cooperate with healthcare providers.The results highlight the importance of holistic and patient-centered care. Collaboration among physicians, nurses, and midwives is essential to improve patient outcomes, prevent complications, and enhance quality of life(Sinaga, 2022)

CONCLUSIONS

Midwifery care management for patients with intracranial tumors was successfully implemented through comprehensive assessment, continuous monitoring, health education, psychological support, and multidisciplinary collaboration. The care provided helped maintain patient stability, reduce symptoms, and improve neurological outcomes.Comprehensive and patient-centered care is important in supporting recovery and improving quality of life. Continuous evaluation, effective communication, and collaboration among healthcare professionals are necessary to achieve optimal patient outcomes(Jr *et al.*, 2023)

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CONFLICT OF INTEREST AND FUNDING DISCLOSURE

The authors declare that there is no conflict of interest related to this study. This research did not receive any specific funding from public, commercial, or non-profit organizations and was conducted as part of academic requirements(Rozi, 2023)

AUTHOR CONTRIBUTIONS

All authors contributed to the completion of this case study. The first author was responsible for patient assessment, data collection, implementation of midwifery care management, data analysis, and manuscript preparation. The second and third authors provided supervision, academic guidance, validation of findings, and review of the manuscript. All authors reviewed and approved the final version of the manuscript for publication(Essianda *et al.*, 2023)

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