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CONTINUITY OF MIDWIFERY CARE FOR PREGNANT WOMEN WITH GRADE 1 HYPEREMESIS GRAVIDARUM FOR MRS. S AT THE SARFINA PRIMARY CARE CLINIC

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ABSTRACT

Background: Hyperemesis gravidarum is a pregnancy complication characterized by persistent nausea and vomiting that can lead to dehydration, electrolyte imbalance, nutritional deficiencies, and psychological distress. If not managed appropriately, this condition may adversely affect both maternal and fetal health. Comprehensive Continuity of Care (CoC) allows early detection, appropriate intervention, and continuous monitoring throughout pregnancy.**Objectives:** This study aimed to describe the implementation of comprehensive Continuity of Care (CoC) midwifery services for a pregnant woman with Grade I hyperemesis gravidarum using Helen Varney's Seven Steps of Midwifery Management and SOAP documentation.**Methods:** A descriptive observational case study was conducted involving Mrs. S, a 28-year-old pregnant woman diagnosed with Grade I hyperemesis gravidarum at Sarfina Primary Care Clinic, Medan, in 2026. Data were collected through interviews, physical examinations, observation, documentation, and evaluation of maternal progress during antenatal care.**Results:** At 8 weeks and 1 day of gestation, the patient experienced nausea and vomiting more than nine times daily, decreased appetite, weakness, weight loss, and anxiety regarding her pregnancy. Comprehensive management consisting of vitamin B6, folic acid supplementation, nutritional counseling, psychological counseling, relaxation techniques, and husband involvement resulted in substantial improvement. At 11 weeks and 6 days of gestation, nausea and vomiting had decreased significantly, appetite improved, body weight increased by 1 kg, and maternal anxiety was reduced.**Conclusions:** Comprehensive Continuity of Care effectively improved both the physical and psychological conditions of pregnant women with Grade I hyperemesis gravidarum. Integrating medical management with psychosocial support and family involvement contributes to better maternal outcomes during early pregnancy.

Keywords: Hyperemesis gravidarum; Continuity of Care; Pregnancy; Psychological counseling; Midwifery care

INTRODUCTION

Hyperemesis gravidarum is one of the most common complications during early pregnancy and represents the severe end of the spectrum of nausea and vomiting in pregnancy. Unlike normal morning sickness, hyperemesis gravidarum is characterized by persistent nausea and excessive vomiting that may result in dehydration, electrolyte imbalance, nutritional deficiencies, ketosis, weight loss exceeding 5% of pre-pregnancy body weight, and impaired maternal quality of life. Without timely and appropriate management, this condition may increase the risk of adverse maternal and fetal outcomes, including fetal growth restriction, preterm birth, and hospitalization (Darmayanti, 2024). An international consensus definition, known as the Windsor definition, further characterizes hyperemesis gravidarum as symptom onset before 16 weeks of gestation accompanied by severe nausea and/or vomiting, inability to eat and/or drink normally, and marked limitation of daily activities (Jansen et al., 2021).

The exact etiology of hyperemesis gravidarum remains unclear; however, hormonal changes, particularly elevated human chorionic gonadotropin (hCG) and estrogen levels, are considered major contributing factors. In addition to biological mechanisms, psychological conditions, nutritional status, maternal age, parity, previous history of hyperemesis gravidarum, and family support have been identified as important determinants influencing both the occurrence and severity of the disease (Ratna Dewi, Eva, 2024). Anxiety, emotional stress, and inadequate psychosocial support may exacerbate symptoms by increasing maternal psychological distress during pregnancy(Rahma Dewi Agustini, 2023). These findings are consistent with international evidence showing that hyperemesis gravidarum is associated with increased psychological distress and, in severe cases, suicidal ideation (Jones et al., 2020), as well as elevated rates of depression, anxiety, and post-traumatic stress symptoms among affected women (Nijsten et al., 2022).

According to the World Health Organization (WHO), nausea and vomiting affect the majority of pregnancies, while hyperemesis gravidarum develops in a smaller proportion of women but remains one of the leading causes of hospitalization during the first trimester. In Indonesia, the Ministry of Health reports that complaints of nausea and vomiting occur in approximately 50–90% of pregnant women, with hyperemesis gravidarum accounting for a considerable proportion of first-trimester pregnancy complications. Although many cases resolve spontaneously as pregnancy progresses, severe symptoms require prompt assessment and comprehensive management to prevent maternal and fetal complications (WHO, 2024). Population-based register data from Finland similarly indicate that hyperemesis gravidarum affects a substantial proportion of pregnancies and is shaped by multiple maternal and pregnancy-related risk factors (Nurmi et al., 2020). merging evidence indicates that hyperemesis gravidarum is a complex clinical condition associated with considerable maternal morbidity, including impaired nutritional status, psychological distress, and reduced quality of life. Early recognition and appropriate multidisciplinary interventions are crucial to minimizing complications and promoting favorable maternal and fetal outcomes (Dean et al., 2020).

Continuity of Care (CoC) is a comprehensive midwifery care model that emphasizes continuous healthcare services from early pregnancy until childbirth, postpartum, newborn care, and family planning. Continuous monitoring enables midwives to detect complications at an early stage, provide individualized interventions, monitor treatment responses, and deliver continuous health education. In women experiencing hyperemesis gravidarum, Continuity of Care not only addresses physical symptoms but also provides psychological support, nutritional

counseling, and family involvement, which are essential components of holistic maternal care (Juliana Munthe, Simbolon, Marlina, 2024).

Mrs. S, a 28-year-old pregnant woman at 8 weeks of gestation, presented with Grade I hyperemesis gravidarum accompanied by anxiety regarding her pregnancy. Considering the multidimensional nature of this condition, comprehensive midwifery management using Helen Varney's Seven Steps and SOAP documentation was implemented to improve maternal physical and psychological well-being while supporting optimal pregnancy outcomes (Handayani et al., 2020).

METHODS

This study employed a descriptive observational case study design to describe the implementation of comprehensive Continuity of Care (CoC) midwifery services for a pregnant woman diagnosed with Grade I hyperemesis gravidarum. A case study approach was selected to provide an in-depth description of the patient's condition, the midwifery management provided, and the clinical outcomes obtained throughout the continuum of maternal healthcare (Anam et al., 2023).

The study was conducted at Sarfina Primary Care Clinic, Medan Polonia District, Medan City, North Sumatra**,** in 2026. The subject of this case study was Mrs. S**,** a 28-year-old primigravida at 8 weeks and 1 day of gestation**,** who was diagnosed with Grade I hyperemesis gravidarum and voluntarily agreed to receive comprehensive midwifery care from the first trimester of pregnancy (Henny, 2021).

Data collection consisted of both primary and secondary data**.** Primary data were obtained through direct interviews, physical examinations, observation, laboratory assessments, and continuous evaluation during antenatal visits. Secondary data were collected from maternal health records, antenatal care documentation, laboratory reports, and other relevant clinical records. Midwifery care was documented using the SOAP (Subjective, Objective, Assessment, and Planning) format to ensure systematic documentation throughout the management process.

The comprehensive assessment included maternal demographic characteristics, obstetric history, physical examination findings, nutritional status, psychological condition, vital signs, body weight, and pregnancy progression. Particular attention was given to the frequency of nausea and vomiting, appetite changes, weight loss, hydration status, maternal anxiety, and fetal well-being.

Midwifery management was implemented according to Helen Varney's Seven Steps of Midwifery Management, including assessment, diagnosis, identification of potential problems, planning, implementation, evaluation, and documentation. The interventions provided included nutritional counseling, education regarding dietary modification, vitamin B6 and folic acid supplementation, hydration advice, psychological counseling, relaxation techniques, emotional support, and counseling for the patient's husband to strengthen family involvement during pregnancy (Rahayu, 2025).

The collected data were analyzed descriptively by comparing the patient's clinical progress before and after intervention with current evidence-based midwifery guidelines and published literature. This analysis aimed to evaluate the effectiveness of comprehensive Continuity of Care in improving both the physical and psychological conditions of pregnant women with Grade I hyperemesis gravidarum (Siti Nurmawan Sinaga, 2024).

Because this study involved a single case managed according to routine clinical practice and patient confidentiality was maintained throughout the documentation process, ethical

principles of anonymity, confidentiality, and informed consent were observed during the implementation of care(Kuhu, n.d.).

RESULTS AND DISCUSSIONS

Mrs. S was a 28-year-old pregnant woman, gravida 1 para 0 abortus 0 (G1P0A0), who attended her first antenatal visit at 8 weeks and 1 day of gestation with complaints of persistent nausea and vomiting occurring more than nine times per day. She also reported decreased appetite, generalized weakness, inability to tolerate food adequately, and weight loss of approximately 2 kg since the beginning of pregnancy. These symptoms had gradually worsened over several weeks and significantly interfered with her daily activities.

Physical examination revealed that the mother's general condition was weak but conscious and cooperative. Her blood pressure was 110/70 mmHg**,** pulse rate 90 beats per minute**,** respiratory rate 20 breaths per minute, body temperature 36.7°C, body weight 46 kg**,** and height 155 cm(Mawarni, Mawarni, Zulkarnain Batubara, 2024). The conjunctiva appeared normal without signs of anemia, and no evidence
of dehydration requiring hospitalization was identified. Based on the patient's clinical presentation and examination findings, she was diagnosed with Grade I hyperemesis
gravidarum**,** characterized by frequent nausea and vomiting without severe metabolic complications (Santi, Eva Ratna Dewi, Tetti Seriati Situmorang., 2024).

Besides the physical complaints, psychological assessment revealed that Mrs. S experienced considerable anxiety regarding her pregnancy. She expressed fear that continuous vomiting might negatively affect fetal development and frequently worried that her pregnancy would not progress normally. During the consultation, she appeared restless, emotionally distressed, and occasionally cried while discussing her condition. These findings indicated that psychological factors contributed to the severity of her symptoms and required equal attention during the management process (Sumiati et al., 2025).

Comprehensive midwifery management was implemented through both pharmacological and non-pharmacological interventions. Medical management consisted of vitamin B6 supplementation to reduce nausea and vomiting and folic acid supplementation to support fetal neural development. Nutritional counseling emphasized consuming small but frequent meals, selecting easily digestible foods, avoiding foods with strong odors, maintaining adequate hydration, and resting sufficiently. In addition, psychological counseling was provided to reduce maternal anxiety by explaining the physiological nature of hyperemesis gravidarum and reassuring the mother regarding the favorable prognosis of most first-trimester cases (Elisa, 2024) This approach aligns with calls for more evidence-based, women-centered management of hyperemesis gravidarum to reduce undertreatment and improve maternal well-being (Fejzo et al., 2023). Deep breathing relaxation techniques were also introduced to improve emotional stability. Furthermore, counseling sessions involving the husband emphasized the importance of emotional support, assistance with daily household activities, and continuous encouragement throughout pregnancy (Gauri et al., 2024).

CONCLUSIONS

This case study demonstrates that the implementation of comprehensive Continuity of Care (CoC) effectively improved the physical and psychological condition of a pregnant woman with Grade I hyperemesis gravidarum**.** Early identification of symptoms, comprehensive assessment, timely pharmacological management, nutritional counseling, psychological support, and active husband involvement contributed to the reduction of nausea

and vomiting, improvement in appetite and nutritional status, weight gain, and decreased maternal anxiety.

The successful management of this case highlights the importance of holistic midwifery care that integrates medical, nutritional, psychological, and family-centered interventions. Continuous monitoring throughout pregnancy enables early detection of complications, improves maternal adaptation to pregnancy, and supports positive maternal and fetal outcomes. These findings are in line with recent advances in hyperemesis gravidarum research, which emphasize the need for a paradigm shift toward earlier recognition and more comprehensive, evidence-based care (Fejzo, 2024). Therefore, Continuity of Care should be strengthened as a standard approach in antenatal services to enhance the quality of maternal healthcare, particularly for women experiencing pregnancy complications such as hyperemesis gravidarum.

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CONFLICT OF INTEREST AND FUNDING DISCLOSURE

The authors declare that there are no conflicts of interest regarding the publication of this article. This study was conducted independently without any financial or commercial influence that could affect the objectivity of the findings.

AUTHOR CONTRIBUTIONS

ERP: Conceptualization, investigation, data collection, implementation of midwifery care, data analysis, manuscript drafting, visualization, and manuscript revision.
ERD: Research supervision, methodology, validation, manuscript review, and editing.
MBB: Scientific supervision, methodology development, manuscript review, and final approval of the manuscript.
RSP: Data validation, critical review, manuscript editing, and final approval of the manuscript.

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