

CONTINUITY OF MIDWIFERY CARE FOR MRS. P WITH GESTATIONAL HYPERTENSION DURING PREGNANCY, CHILDBIRTH, POSTPARTUM, NEWBORN, AND FAMILY PLANNING AT PMB HANNA SIMBOLON, MEDAN 2026

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ABSTRACT

Background: Continuity of care (CoC) is a continuous healthcare service between midwives and patients provided to women from early pregnancy, labor, postpartum, newborn, through to family planning. Gestational hypertension is a condition where a pregnant woman experiences blood pressure of 140/90 mmHg during pregnancy. **Objectives:** This study aims to expand knowledge in providing midwifery care for pregnancy, labor, postpartum, newborn, and family planning using Helen Varney's 7-step midwifery management approach and SOAP notes. **Methods:** This study used a descriptive observational case study method to obtain a comprehensive overview of health phenomena within a specific population and individual in pregnant women starting from pregnancy with Gestational Hypertension, Labor, Postpartum, Newborn, and contraception in PMB Hanna Simbolon, Medan Labuhan District, Medan City, 2026. **Results:** During pregnancy, the mother experienced gestational hypertension at 21 weeks of gestation, requiring treatment and 6 antenatal care (ANC) visits. The labor was a normal vaginal delivery on February 10, 2026, delivering a female infant. Postpartum care from the 2nd to the 4th visit (KF 2 to KF 4) was conducted appropriately without complications. Neonatal visits from the 2nd to the 3rd visit (KN 2 to KN 3) proceeded well without issues. The mother opted for an implant contraceptive method, and no problems were found. **Conclusions:** Care was provided continuously, and no gaps were found between theory and practice in the case of Mrs. P at PMB Hanna Simbolon, Medan Labuhan District, Medan City, 2026.

Keywords: Midwifery Care, Continuity of Care, Gestational Hypertension

INTRODUCTION

Gestational hypertension, as defined refers to pregnancy-induced elevated blood pressure, specifically where readings surpass 140/90 mmHg. This condition generally develops following the 20th week of pregnancy and carries a high risk of severe obstetric complications. When evaluated alongside other maternal risk factors like hemorrhage, sepsis, and miscarriage, hypertensive disorders are responsible for 16% of all maternal deaths (Makdalena *et al.*, 2022).

Designed to foster health and well-being for everyone worldwide, the Sustainable Development Goals (SDGs) comprise 17 global targets for sustainable progress. Among these targets is a specific mandate to lower the maternal mortality ratio (MMR) to under 70 per 100,000 live births by 2030. Meeting this objective calls for substantial intervention, particularly through mitigating maternal deaths and driving the execution of SDG initiatives as the 2030 deadline approaches (Yekti, 2020).

According to 2022 statistics from the World Health Organization (WHO), global maternal mortality stands at roughly 289,000 fatalities per year. The vast majority of these losses stem from complications arising during gestation, delivery, and the postpartum phase. Approximately three-quarters of these maternal deaths are linked to three primary conditions: hemorrhages (including postpartum and antepartum bleeding, ectopic pregnancies, and miscarriages), infections (such as puerperal sepsis, reproductive tract tract infections, consequences of unsafe abortions, and chorioamnionitis), and hypertensive disorders during pregnancy (comprising preeclampsia, eclampsia, HELLP syndrome, and chronic hypertension (WHO, 2022).

Hypertensive disorders during pregnancy (HDP) contribute significantly to maternal, fetal, and newborn complications and deaths, affecting approximately 10% of pregnancies globally. The prevalence is expected to increase as more women conceive at an older age and with higher rates of obesity. Women who develop HDP face elevated risks of complications such as placental abruption, stroke, pulmonary edema, blood clots, disseminated intravascular coagulation, and failure of multiple organs. For the fetus, common risks include restricted growth in the womb, early delivery, and fetal death - with these outcomes being most severe in cases of preeclampsia. Newborns are also more likely to be born prematurely with low birth weight, require extended intensive care, and have a higher risk of death after birth (Cífková, 2023)

According to the International Confederation of Midwives (ICM), midwifery education should be aligned with the philosophy of midwifery care. This philosophy recognizes pregnancy and the female reproductive process as natural and normal life events experienced by women. In providing care, midwives are expected to establish a collaborative partnership with women, support their autonomy and decision-making, deliver individualized care, and ensure continuous and coordinated maternity services through the Continuity of Care (CoC) approach Hardiningsih *et al.*, 2020 (Sofiyanti, 2024)

A strong support system throughout pregnancy plays a significant role in maintaining both the physical and emotional health of the mother while promoting healthy fetal outcomes. Recent evidence indicates that support from family members, friends, and healthcare professionals can reduce psychological stress, strengthen maternal self-confidence, and lower the risk of prenatal and postpartum depression. Women who receive adequate support are generally more confident in caring for their newborns and adapting to their new maternal responsibilities. As part of Continuity of Care (CoC), student midwives can contribute by educating pregnant women about danger signs during pregnancy, providing empathetic listening, encouraging timely visits to healthcare facilities whenever unusual symptoms occur, offering assistance during antenatal appointments, helping mothers communicate their concerns to healthcare providers, and delivering continuous emotional support, counseling, and education regarding childbirth preparation and the transition to parenthood (Eduhealth *et al.*, 2025)

METHODS

This study employed a literature review design to identify, evaluate, and synthesize scientific evidence regarding a mother experiencing hypertension during pregnancy.

Mothers. A literature review was selected because it enables comprehensive analysis of findings from previous studies and provides evidence-based recommendations for improving hypertension during pregnancy practices.

The literature search was conducted using several electronic databases, including Google Scholar, PubMed, ScienceDirect, and Garuda (Garba Rujukan Digital). Articles were searched using combinations of the following keywords: *Midwifery Care*, *Continuity of Care*, *Gestational Hypertension* and *experiencing hypertension during pregnancy* exclusive Boolean operators ("AND" and "OR") were applied to improve the accuracy of the search strategy.

The inclusion criteria were as follows: (1) original research articles published 2026; (2) studies investigating gestational hypertension, including its risk factors, prevalence, prevention, diagnosis, management, maternal and fetal outcomes, or associated determinants; (3) articles published in English or Indonesian; (4) full-text articles available through online databases; and (5) quantitative, qualitative, or mixed-methods studies. Review articles, conference abstracts without full-text manuscripts, duplicate publications, case reports, and studies unrelated to gestational hypertension in pregnant women were excluded.

Pregnancy is a normal physiological condition in which the fetus grows and develops within the uterus over approximately 36–40 weeks (Dewisari *et al.*, 2023). However, various obstetric complications may occur during this period, one of the most common being antepartum hemorrhage, including placenta previa, with an estimated incidence of 15–20%. Placenta previa refers to the abnormal implantation of the placenta in the lower uterine segment, where it partially or completely covers the cervical opening, potentially obstructing the birth canal Podungge *et al.*, 2023 (Asuhan *et al.*, 2025)

The prevention of hypertension primarily involves the adoption of healthy lifestyle behaviors. These include participating in regular exercise, consuming a nutritious diet with reduced sodium, fat, and cholesterol intake, increasing daily consumption of fruits and vegetables, abstaining from smoking and alcohol, maintaining an optimal body weight, and implementing effective stress management strategies (Di *et al.*, 2022)

The collected data were analyzed descriptively using a narrative synthesis approach. Similar findings from different studies were grouped into major themes representing internal and external factors affecting exclusive breastfeeding. Internal factors included maternal knowledge, educational level, occupation, age, parity, and maternal attitudes. External factors comprised husband support, family support, healthcare professional support, implementation of experiencing hypertension during pregnancy, workplace environment, and sociocultural influences.

Because this study used secondary data obtained from published scientific literature and did not involve direct participation of human subjects, ethical approval was not required. Nevertheless, all cited studies were acknowledged appropriately, and scientific publication ethics were maintained throughout the review process

RESULTS AND DISCUSSIONS

Megawati and Raisy (2020) reported that many women experience fear and uncertainty regarding childbirth, making emotional support and continuous reassurance essential throughout the labor process. Family support plays an important role in promoting the psychological and emotional well-being of pregnant women. During pregnancy, women commonly experience anxiety, fear, and a wide range of emotional responses. Mood fluctuations are considered a normal occurrence and are largely influenced by hormonal changes. A mother's psychological condition can substantially affect her readiness and response to childbirth. Therefore, managing anxiety requires effective emotional regulation, which enables pregnant women to recognize, control, and cope with their emotional reactions more effectively (Damayanty *et al.*, 2024)

Primiparous women are more likely to experience psychological stress during pregnancy. Emotional stress stimulates the hypothalamus to increase the secretion of corticotropin-releasing hormone (CRH), which subsequently elevates cortisol production. Higher cortisol levels activate the sympathetic nervous system, resulting in increased cardiac output and elevated blood pressure (Masyita *et al.*, 2022)

Calcium supplementation is recommended as a preventive strategy against preeclampsia, particularly for pregnant women with inadequate dietary calcium intake. Evidence from the Cochrane Review indicates that daily calcium supplementation of at least 1 g significantly reduces the risk of developing preeclampsia. Likewise, the European Society of Cardiology (ESC) recommends a daily calcium intake of 1.5–2 g for pregnant women whose dietary calcium consumption is below 600 mg per day. The American College of Obstetricians and Gynecologists (ACOG) also acknowledges that calcium supplementation may lessen the severity of preeclampsia among women with low calcium intake. However,

this recommendation is not routinely applied to women in the United States, where calcium intake is generally sufficient. Furthermore, ACOG does not recommend vitamin C or vitamin E supplementation for the prevention of preeclampsia (Sholihatin *et al.*, 2024)

The findings of this study indicate that maternal age and a previous history of hypertension are significantly associated with the occurrence of hypertension during pregnancy. Pregnant women who are younger than 20 years or older than 35 years, as well as those with a history of hypertension, are at greater risk of developing hypertensive disorders during pregnancy. Therefore, regular antenatal care, including routine blood pressure monitoring, is strongly recommended to facilitate the early detection and appropriate management of hypertension, particularly among women with these risk factors. (Hipertensi and Kehamilan, 2022)

Primigravida women frequently experience psychological stress as they prepare for childbirth. Emotional stress stimulates the hypothalamus to secrete corticotropin-releasing hormone (CRH), which subsequently increases cortisol production. Elevated cortisol levels activate the sympathetic nervous system, leading to physiological responses such as increased blood pressure and cardiac output that enable the body to cope with stressful conditions. In addition, maternal age and parity are recognized as important factors associated with hypertensive disorders during pregnancy. According to Sukaesih (2012), the lowest risk of maternal mortality is observed among women aged 20–35 years. Furthermore, women with more than three previous births have a greater likelihood of developing hypertensive disorders of pregnancy because repeated pregnancies may reduce uterine muscle tone, thereby increasing the risk of complications during pregnancy, childbirth, and the postpartum period (Fahay *et al.*, 2024)

CONCLUSIONS

This literature review demonstrates that the success of experiencing hypertension during pregnancy mothers is influenced by multiple interrelated internal and external factors. Internal factors include maternal knowledge, attitudes, educational level, occupation, age, parity, and previous breastfeeding experience, while external factors consist of husband and family support, healthcare professional support, implementation of experiencing hypertension during pregnancy workplace environment, and sociocultural influences. Among these determinants, maternal knowledge and family support were consistently identified as the most influential factors affecting experiencing hypertension during pregnancy practices (Hutahaeen, 2022)

Hypertensive disorders during pregnancy can lead to a wide range of severe maternal complications. These include hemolysis, elevated liver enzymes, and low platelet count (HELLP syndrome), transient visual impairment, placental abruption, disseminated intravascular coagulation (DIC), cardiac arrhythmias, pulmonary edema, acute respiratory distress syndrome (ARDS), intracranial or hepatic hemorrhage, fluid overload, and an increased likelihood of recurrent preeclampsia (Basri *et al.*, 2020; Familia *et al.*, 2022; Susanto, 2022). Therefore, this study was conducted to examine the maternal characteristics associated with elevated blood pressure during pregnancy (Ibu *et al.*, 2024)

The exact etiology of hypertensive disorders during pregnancy remains uncertain. However, several factors have been identified as increasing the risk, including first pregnancy (nulliparity), maternal age below 20 years, pre-existing diabetes, and a previous history of hypertension. These conditions may also adversely affect fetal outcomes, primarily through preterm delivery or reduced oxygen supply resulting from uteroplacental insufficiency (Mallick, Barik and Pradhan, 2020)

Effective management of gestational hypertension requires a comprehensive approach that includes the appropriate selection of antihypertensive medications, lifestyle modification, and close maternal and fetal monitoring. Although pharmacological therapy is often necessary, the use of antihypertensive agents during pregnancy should be carefully considered because some medications may adversely affect fetal development. This case study aims to evaluate the therapeutic management of a pregnant woman diagnosed with gestational hypertension by comparing the clinical approach with current evidence-based medicine (EBM) recommendations. The findings are expected to provide insights into appropriate pharmaceutical care strategies for gestational hypertension, thereby supporting optimal maternal and fetal outcomes and improving overall quality of care (Sholihah and Kudus, 2025)

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CONFLICT OF INTEREST AND FUNDING DISCLOSURE

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AUTHOR CONTRIBUTIONS

RAL: Conceptualization, literature searching, data curation, investigation, methodology, formal analysis, writing the original draft, visualization, writing review, and editing.

PCD: Supervision, methodology, validation, formal analysis, writing review, editing, and final manuscript approval.

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