

CONTINUITY OF CARE MIDWIFERY MANAGEMENT FOR MRS. V: HYPEREMESIS GRAVIDARUM (GRADE I), CHILDBIRTH, POSTPARTUM PERIOD, NEWBORN CARE, AND FAMILY PLANNING AT ANITA PERA PRIMARY CLINIC, MEDAN CITY, 2026

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ABSTRACT

Hyperemesis gravidarum is a pregnancy complication characterized by excessive nausea and vomiting that may lead to dehydration, electrolyte imbalance, and nutritional deficiencies if not managed appropriately. Continuity of Care (COC) is a comprehensive midwifery approach that provides continuous care from pregnancy to family planning to improve maternal and neonatal outcomes. This study aimed to describe the implementation of Continuity of Care midwifery services for a pregnant woman with Grade I Hyperemesis Gravidarum at Anita Pera Primary Clinic, Medan. This study employed a descriptive case study design using the Continuity of Care approach. Data were collected through interviews, observations, physical examinations, and supporting medical records, and were documented using Helen Varney's midwifery management and the SOAP method. The results showed that the mother's nausea and vomiting gradually improved following education, nutritional counseling, therapy, and routine monitoring. Labor occurred normally without complications, postpartum recovery was physiological, the newborn was healthy with normal adaptation, and the mother selected the Lactational Amenorrhea Method (LAM) after receiving family planning counseling. It can be concluded that the implementation of Continuity of Care effectively supports early detection, appropriate management, and continuous monitoring, resulting in favorable maternal and neonatal outcomes.

Keywords: Continuity of Care; Hyperemesis Gravidarum; Midwifery Care; Pregnancy; Case Study.

INTRODUCTION

Pregnancy is a physiological process that can be accompanied by various complaints and complications, one of which is hyperemesis gravidarum. This condition is characterized by severe nausea and vomiting that can lead to dehydration, weight loss, and disturbances in fluid and electrolyte balance. Beyond its physical impact, hyperemesis gravidarum can also

affect the psychological well-being of the pregnant woman. Therefore, comprehensive antenatal care is required, involving the role of midwives in early detection and appropriate management (Asfaw, Manaye, and Girma 2025).

Continuity of Care (COC) refers to midwifery services provided in a continuous and integrated manner, spanning pregnancy, childbirth, the postpartum period, newborn care, and family planning. These services are systematically planned to ensure optimal monitoring of any changes in the condition of the mother and baby. Through COC, healthcare providers can detect risk factors or complications early and deliver appropriate care. This approach aims to safeguard the health of the mother and baby while enhancing the quality of care and family well-being (Munthe 2022).

According to the 2024 Indonesia Health Profile, the leading cause of maternal death was non-obstetric complications during pregnancy (1,351 cases), followed by hypertension during pregnancy (988 cases) and obstetric hemorrhage (955 cases). These data indicate that complications during pregnancy remain a serious issue for maternal health. In addition to non-obstetric complications, there are also obstetric complications such as hyperemesis gravidarum—characterized by excessive nausea and vomiting during the first trimester—which can lead to dehydration and bodily imbalances if not properly managed (Profil Kesehatan Indonesia 2024).

According to a 2023 WHO report, there were an estimated 260,000 maternal deaths globally, with 61% occurring in conflict-affected countries. The maternal mortality ratio in conflict zones reached 571 per 100,000 live births, compared to 268 per 100,000 live births in stable countries. The risk of pregnancy-related death for 15-year-old adolescents in conflict zones was 1 in 51, whereas in stable countries it was 1 in 593. These data indicate that pregnancy complications remain a leading cause of maternal morbidity and mortality, including conditions such as hyperemesis gravidarum, which can lead to dehydration and electrolyte imbalances if not properly managed (World Health Organization 2025).

Nausea and vomiting are experienced by 50–90% of pregnant women, with symptoms persisting throughout pregnancy in approximately 20% of cases. In severe instances, the condition can progress to hyperemesis gravidarum. The WHO (2016) reports a global incidence of hyperemesis gravidarum of approximately 12.5%, whereas in Indonesia the rate is 1.5–3%, with other figures indicating 1–20 cases per 1,000 pregnancies (Sinaga 2024).

According to the Ministry of Health of the Republic of Indonesia (2016), the incidence of nausea and vomiting among pregnant women accounts for 14.8% of all pregnancies in Indonesia. These symptoms are reported in approximately 60–80% of primigravidae and 40–60% of multigravidae. To date, the exact cause of hyperemesis gravidarum remains unknown and is believed to be multifactorial, involving the influence of hormonal imbalances—such as those affecting β -hCG, estrogen, progesterone, thyroxine, and cortisol (Ribur 2025).

Minister of Health Regulation Number 6 of 2024 establishes standards for prenatal care that emphasize continuous physical and psychological monitoring to prevent pregnancy complications. In practice, midwives play a crucial role in conducting assessments, evaluating risk factors, and early detection of signs and symptoms of complications—including excessive nausea and vomiting that may lead to hyperemesis gravidarum. Under these standards, midwives provide care and education, as well as management or referrals within their scope of practice. The implementation of these standards is expected to improve the safety and health of both the mother and the fetus (Permenkes RI 2024).

Developing competent, high-quality healthcare professionals aligns with the vision and mission of the Midwifery Professional Education Study Program to advance midwifery science and technology through excellence. The program emphasizes service excellence, innovation, integrity, and national competitiveness, distinguished by a focus on complementary therapies and technopreneurship. Its goal is to produce professional midwives who are competent, responsive to emergencies, and capable of delivering high-quality midwifery care that meets the community's needs.

For midwifery students, professionalism is reflected in the mastery of the midwife's roles and competencies—specifically as a care provider and a communicator in education and counseling. Midwives also serve as community leaders, clinical decision-makers, and service managers. Furthermore, they are expected to possess an entrepreneurial spirit and the ability to contribute to research, thereby supporting the advancement of midwifery science.

When providing midwifery care, students are required to apply PACER values as the foundation of their professionalism. This entails being competent, creative, innovative, and consistent; capable of building networks; and competitive in service delivery. Furthermore, every action must be accountable, adhering to standard operating procedures (SOPs) and applicable laws and regulations. Students must also be able to work collaboratively, provide care with empathy, and demonstrate trustworthiness, reliability, and commitment in all their actions.

As part of the Midwifery Professional Program, students are required to provide continuous midwifery care (*Continuity of Care*). This care is delivered across various maternal and child health service facilities—such as hospitals, community health centers (Puskesmas), clinics, independent midwifery practices, and integrated health posts (Posyandu)—as well as other healthcare settings that serve as clinical practice sites for providing comprehensive and continuous midwifery services.

Following a preliminary survey conducted on July 15, 2025, at the Anita Pera Primary Clinic, data revealed a pregnant woman experiencing hyperemesis gravidarum at a gestational age of 11 weeks and 1 day. The respondent was Mrs. V, a 24-year-old woman in her first pregnancy (G1P0A0). Upon assessment and a request for consent to participate in the planned Continuity of Care, Mrs. V agreed to undergo the proposed care process. Mrs. V is a homemaker residing with her husband in Hamlet I, Sei Mencirim Village, Sunggal District. She stated that this was her first pregnancy and that she had no history of miscarriage. She has had a regular menstrual history since the age of 13.

Based on the assessment, Mrs. V (24 years old) is a pregnant woman in her first pregnancy (G1P0A0) who has been experiencing excessive nausea and vomiting for approximately the last two weeks. She reports vomiting more than 10 times a day, feeling weak, and experiencing a loss of appetite. Mrs. V has a history of gastric issues and is currently taking medication for this condition. Her elimination patterns are within normal limits, though her nighttime rest is suboptimal. There is no history of systemic or hereditary diseases in her family. She is legally married; she married at age 23, and the marriage has lasted one year. Her relationships with her husband and family are harmonious, and she receives full support during the pregnancy. She attends regular prenatal check-ups accompanied by her husband. This pregnancy was planned and is desired by the couple.

Pursuant to Article 49 of Law of the Republic of Indonesia Number 4 of 2019, midwives are authorized to perform early detection of risk factors and complications during pregnancy, childbirth, and the postpartum period, as well as to provide follow-up care, including referrals. Based on the assessment, Mrs. V's condition is classified as a complicated pregnancy due to

excessive nausea and vomiting—or hyperemesis gravidarum—which has the potential to cause dehydration and electrolyte imbalance if not managed appropriately (Uud RI No 4 2019).

Following interviews and assessment, the author decided to provide continuous midwifery care (Continuity of Care) to Mrs. V, spanning from pregnancy through to postpartum family planning services. This care is designed to ensure the mother's condition is effectively monitored and to prevent further complications.

RESEARCH METHOD

This study employs a descriptive case study method using a Continuity of Care (COC) approach to provide comprehensive and continuous midwifery care to a pregnant woman diagnosed with Grade I Hyperemesis Gravidarum. The study was conducted at the Anita Pera Primary Clinic in Medan, focusing on a subject (Mrs. V) who was monitored continuously through pregnancy, childbirth, the postpartum period, and the newborn stage, up to the provision of family planning services. Care was administered based on Helen Varney's midwifery management model and documented using the SOAP (Subjective, Objective, Assessment, Plan) method.

Data collection involved both primary and secondary sources. Primary data were obtained through interviews, observations, physical examinations, and direct midwifery assessments during each visit. These examinations included inspection, palpation, and obstetric assessments tailored to the patient's condition. Meanwhile, secondary data were gathered from medical records, the Maternal and Child Health (MCH) handbook, and other supporting documents to supplement information regarding the mother's condition, clinical management, and progress throughout the course of midwifery care.

Data analysis was conducted using a descriptive-qualitative approach involving data reduction, data presentation, and conclusion drawing. All data obtained from assessments across the pregnancy, childbirth, postpartum, newborn, and family planning stages were analyzed and compared against relevant theories, midwifery practice standards, and current scientific evidence. This analysis aimed to evaluate the effectiveness of continuous midwifery care in improving maternal and infant health and to ensure that the services provided adhered to professional midwifery standards.

RESULT

The study results indicate that the provision of midwifery care using the Continuity of Care (COC) model for Mrs. V—a 23-year-old woman (G1P0A0) diagnosed with Grade I Hyperemesis Gravidarum—yielded positive outcomes at every stage of service. During pregnancy, complaints of nausea and vomiting subsided following the provision of education, nutritional counseling, recommended therapies, and routine monitoring. The delivery proceeded spontaneously, with both mother and baby in good condition and free from complications. In the postpartum period, uterine involution progressed normally, lactation proceeded smoothly, and no signs of infection or hemorrhage were detected. The newborn was healthy, demonstrating good physiological adaptation, normal APGAR scores, intact neonatal reflexes, and age-appropriate growth. Regarding family planning services, the mother selected an appropriate contraceptive method after receiving counseling; thus, the entire continuum of

midwifery care was successfully implemented in accordance with midwifery service standards, supporting improved health outcomes for both mother and baby.

DISCUSSION

Hyperemesis gravidarum is a condition requiring early and comprehensive management, as improper treatment can lead to dehydration, electrolyte imbalances, and nutritional decline, while also increasing the need for healthcare services. Therefore, continuous monitoring through a "Continuity of Care" approach is essential to ensure maternal stability, detect complications early, and provide appropriate interventions—including education, therapy, nutritional support, and regular follow-ups. This integrated approach aims to improve maternal and fetal health outcomes and prevent the development of more severe complications (A.W. 2025).

Midwifery care for pregnant women with hyperemesis gravidarum requires continuous monitoring through assessments of the mother's condition, education on alleviating nausea and vomiting, dietary management, recommendations for adequate rest, and periodic evaluation of symptom progression. This approach helps assess the effectiveness of the interventions provided, enabling optimal monitoring of the mother's recovery and minimizing the risk of pregnancy complications (Aini 2022).

The implementation of Continuity of Care (CoC) for Mrs. V, who presented with Grade I hyperemesis gravidarum, demonstrates that providing continuous midwifery care—spanning pregnancy, childbirth, the postpartum period, newborn care, and family planning—supports the enhancement of midwifery service quality. Care was delivered using Varney's midwifery management model and SOAP documentation, ensuring that the conditions of both mother and baby could be monitored systematically. This approach aligns with the objectives of midwifery professional education, which emphasize excellent, innovative service focused on the safety of the mother and baby (Manurung 2025).

During her pregnancy, Mrs. V experienced Grade I hyperemesis gravidarum, presenting with nausea and vomiting (occurring more than 10 times daily), reduced appetite, and weight loss. She attended six antenatal care (ANC) visits—two in the first trimester, one in the second, and three in the third—in accordance with antenatal care standards. Management strategies, including nutritional counseling, advice to eat small but frequent meals, vitamin supplementation, ondansetron therapy, and regular monitoring, yielded positive results; the patient's nausea and vomiting subsided, and her condition remained stable until 39 weeks and 5 days of gestation. These outcomes align with ANC standards that emphasize the importance of early detection and routine monitoring throughout pregnancy (Manurung 2025).

Regarding the delivery, Mrs. V went into labor at a gestational age of 39 weeks and 5 days; the process proceeded normally from the first through the fourth stages, with no complications for either the mother or the fetus. The baby was delivered spontaneously in a cephalic presentation, cried vigorously immediately after birth, achieved an APGAR score of 10, and the placenta was delivered intact without hemorrhage. These results demonstrate that prenatal monitoring and birth preparation conducted through a "Continuity of Care" approach contributed to a successful normal delivery and ensured the safety of both mother and baby (Ulfah Bardiati 2021).

During the postpartum and neonatal period, the mother demonstrated a normal physiological recovery process, while the infant—born weighing 3,300 grams and measuring

49 cm in length with a head circumference of 31 cm—successfully underwent Early Initiation of Breastfeeding (EIB), received Vitamin K1 and eye ointment, and underwent regular neonatal monitoring. The infant remained healthy, breastfed well, and showed no complications, with the mother committed to exclusive breastfeeding. This care was administered in accordance with essential neonatal service principles aimed at ensuring successful newborn adaptation and supporting optimal growth (Febriana 2025).

Previous research indicates that the consumption of *empurit* ginger water can serve as a non-pharmacological therapy to help alleviate nausea and vomiting in first-trimester pregnant women suffering from hyperemesis gravidarum. The active compounds found in *empurit* ginger—such as gingerol, shogaol, and phenols—are known to provide a warming effect, soothe the digestive tract, and reduce the nausea experienced by pregnant women. In addition to being readily available and relatively affordable, the use of *empurit* ginger water is considered safe as a supportive therapy, making it a viable alternative for mitigating the symptoms of hyperemesis gravidarum and enhancing maternal comfort during pregnancy (Ribur 2025).

During family planning services, the mother received counseling on various contraceptive methods and ultimately chose the Lactational Amenorrhea Method (LAM), as it suited her situation of exclusively breastfeeding. Providing education on the benefits, limitations, and proper use of LAM demonstrates that family planning services were delivered in alignment with the mother's needs, marking the final stage of the Continuity of Care. The success of this comprehensive service highlights that continuous monitoring—spanning pregnancy, the postpartum period, and family planning—can yield positive outcomes for both mother and baby (Mediana 2025).

Providing Communication, Information, and Education (CIE) is a crucial intervention in the management of pregnant women with hyperemesis gravidarum. Education delivered clearly and tailored to the mother's needs can enhance her knowledge regarding the causes, signs and symptoms, prevention methods, and management of the condition. Furthermore, it is essential to ensure mothers understand that they should not take anti-nausea medication without a healthcare professional's recommendation. Through continuous education, mothers are expected to adopt appropriate behaviors during pregnancy, thereby minimizing the risk of complications associated with hyperemesis gravidarum (Marbun et al. 2025).

The management of Grade I hyperemesis gravidarum requires comprehensive midwifery care, involving monitoring the mother's condition, providing psychological support, adjusting dietary habits, and offering education on foods that can alleviate nausea and vomiting. Mothers are advised to consume small, frequent meals, avoid foods that trigger nausea—such as fatty or oily items—and maintain adequate fluid intake to prevent dehydration. This approach aims to improve the mother's condition, meet nutritional needs during pregnancy, and prevent more severe complications associated with hyperemesis gravidarum (Irianti 2020).

CONCLUSION AND SUGGESTION

The implementation of Continuity of Care (COC) midwifery services for Mrs. V, who presented with Grade I Hyperemesis Gravidarum, was carried out comprehensively, spanning the pregnancy, labor, postpartum, and newborn periods, as well as family planning services. During pregnancy, complaints of nausea and vomiting gradually improved following the provision of education, therapy, and continuous monitoring. Labor proceeded normally without complications; the mother demonstrated good physiological recovery during the postpartum

period; the infant was born healthy with normal neonatal adaptation; and the mother selected the Lactational Amenorrhea Method (LAM) for contraception after receiving counseling. These results demonstrate that the implementation of Continuity of Care facilitates early problem detection and appropriate interventions while enhancing the quality of midwifery services, thereby ensuring positive outcomes for both mother and infant. Consequently, midwives are encouraged to continue optimizing the delivery of Continuity of Care in accordance with midwifery practice standards, while pregnant women are urged to attend regular antenatal visits, adhere to healthcare provider recommendations, and adopt a healthy lifestyle to prevent pregnancy complications. Furthermore, healthcare facilities are expected to continuously improve the quality of midwifery services through education, continuous monitoring, and standardized documentation to support better maternal and infant health.

APPRECIATE (If There Is)

The authors would like to express their sincere gratitude to Klinik Pratama Anita Pera for granting permission and facilitating the implementation of the Continuity of Care case study. The authors also thank the academic supervisors and clinical preceptors for their guidance and support throughout the completion of this case study. Appreciation is also extended to Mrs. V and her family for their willingness and cooperation during the provision of continuous midwifery care.

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