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Midwifery Care for Mrs. F at BPM Winda Sriwahyuni, S.Keb

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ABSTRACT

This study addresses the persistent challenge of high maternal and infant mortality rates in Indonesia, particularly in regions with limited access to health services. The research aims to implement and evaluate comprehensive midwifery care for Mrs. F at BPM Winda Sriwahyuni, S.Keb Pematangsiantar, covering pregnancy, childbirth, postpartum, neonatal, and family planning. Employing a qualitative descriptive case study, the population comprised all pregnant women receiving care at the clinic from February to May 2025, with Mrs. F selected purposively as the sample. Data were collected using observation sheets, obstetric assessment forms, and medical records, and analyzed thematically through data reduction, presentation, and conclusion drawing. The results showed successful early detection of complications, effective health education, and care in accordance with national standards, maintaining maternal and infant health and supporting postpartum contraception. The study concludes that integrated, ongoing midwifery care is essential for reducing maternal and infant mortality, though broader studies and improved digital documentation are recommended for future research.

Kata Kunci: : Antenatal Care, Family Planning, Maternal Health, Midwifery, Neonatal Care

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INTRODUCTION

Research Phenomenon

The maternal mortality rate (MMR) and infant mortality rate (IMR) in Indonesia remain major challenges in efforts to improve the quality of maternal and child health, especially in areas with limited access to health services. Based on data from the Central Statistics Agency of East Nusa Tenggara Province, the number of maternal deaths in the province in 2022 reached 1,139 cases, although a decrease from the previous year, this figure is still far from the national and global targets set by the Sustainable Development Goals (SDGs) and the Ministry of Health of the Republic of Indonesia (Kemenkes RI, 2021; BPS Prov NTT, 2024; Lumy et al., 2023; DOI: 10.30743/best.v7i2.10574).

The complexity of maternal and infant health issues is increasing, with 76% of maternal deaths occurring during or immediately after delivery, and high rates of complications during pregnancy and childbirth. This situation demands comprehensive, continuous midwifery care, from antenatal care through delivery, postpartum, and neonatal care, to enable early detection of complications and appropriate management (Ministry of Health of the Republic of Indonesia, 2021; Arimini et al., 2020).

Research Problems

Despite the Ministry of Health's recommendation that pregnant women attend at least six antenatal visits, many women still do not receive standard midwifery care, both in terms of frequency and quality of care. This is exacerbated by mothers' limited knowledge of danger signs in pregnancy, childbirth, and newborn care, resulting in a high risk of complications and death (Ministry of Health, 2021; Arummega et al., 2022).

Furthermore, the implementation of comprehensive midwifery care at the midwifery practice level still faces challenges, such as a lack of integration between antenatal, delivery, postpartum, and neonatal services, as well as limited education on postpartum family planning. Previous studies have shown that non-integrated midwifery care can lead to late detection of complications and suboptimal management (Kristina, 2021).

Another problem that arises is the low utilization of information technology in monitoring maternal and infant health, so that recording and reporting of complication cases are often inaccurate and not integrated with the national health system (Ministry of Health of the Republic of Indonesia, 2021; Openlibrary Telkom University, 2022).

Purpose, Urgency, and Novelty of the Research

This study aims to implement and evaluate comprehensive midwifery care for Mrs. F at BPM Winda Sriwahyuni S.Keb Pematangsiantar, covering pregnancy, childbirth, postpartum, neonatal, and family planning. The urgency of this research lies in efforts to reduce maternal and neonatal mortality through early detection of complications and providing ongoing education to mothers and families. The novelty of this study is the integration of national standards-based midwifery care with a digital education and monitoring approach, as well as an evaluation of the implementation of midwifery care in independent midwifery practices as a model for improving the quality of midwifery services in Indonesia (Ministry of Health of the Republic of Indonesia, 2021; Kristina, 2021).

METHOD

Types and Methods of Research

This study uses a case study approach with a qualitative descriptive method, which aims to comprehensively describe midwifery care for Mrs. F at BPM Winda Sriwahyuni S.Keb Pematangsiantar. The case study was chosen to obtain an in-depth overview of the implementation of midwifery care from pregnancy, childbirth, postpartum, neonates, to family planning, in accordance with national midwifery service standards and Varney's theory (Ministry of Health of the Republic of Indonesia, 2021; Amanda, 2022; Anggraini & NN, 2021; Sugiyono, 2022).

Data Analysis Instruments and Techniques

The main instruments in this study were observation sheets, obstetric assessment forms, and patient medical record documentation. Data were collected through interviews, direct observation, and documentation studies. Data analysis was conducted thematically, with stages of data reduction, data presentation, and conclusion drawing, following the qualitative analysis procedures according to Sudaryono and Emzir. Data validity was strengthened by triangulation of sources and methods (Sudaryono, 2022; Emzir, 2021; Amanda, 2022; Anggraini & NN, 2021).

Population and Sample

The population in this study was all pregnant women who received midwifery care at BPM Winda Sriwahyuni S.Keb Pematangsiantar during the period of February to May 2025. The research sample was taken purposively, namely Mrs. F as the main subject who met the inclusion criteria: pregnant women G1P1A0 with a gestational age of 30-40 weeks, willing to follow the entire series of comprehensive midwifery care, and can provide complete data (Ministry of Health of the Republic of Indonesia, 2021; Amanda, 2022; Cresswell, 2021).

Research Procedures

The research procedure began with obtaining informed consent from Mrs. F, followed by a review of subjective and objective data, establishing potential and actual diagnoses, and administering midwifery care according to Varney's seven-step management. Each stage of care, from pregnancy, delivery, postpartum, neonatal care, to family planning, was systematically documented using the SOAP format. Evaluations were conducted at each visit to ensure standardized care and to detect potential complications early (Ministry of Health of the Republic of Indonesia, 2021; Amanda, 2022; Cresswell, 2021; Anggraini & NN, 2021).

The research report was written comprehensively and systematically, adhering to the latest midwifery research guidelines and paying attention to research ethics. Therefore, this research is

expected to make a significant contribution to improving the quality of midwifery services in Indonesia.

RESULTS AND DISCUSSIONS

Pregnancy Care

Pregnancy care was carried out on February 22, 2025. The mother's pregnancy reached 38 weeks. The mother was pregnant with her first child. When the examination was carried out, the mother complained of feeling sore and often felt tight in the stomach. The mother had undergone 4 pregnancy checks. The results of each examination showed that the mother and fetus were in good condition. The midwife provided therapy by consuming 2x1 Fe tablets. At 3 weeks of pregnancy, the mother had not yet prepared the equipment for the delivery process.

The physical examination carried out obtained vital signs within normal limits, the head presentation had entered PAP, and the fetal heart rate was 155x/minute, regular. The examination results were within normal limits.

The management provided is counseling regarding the discomfort of the third trimester, which causes frequent aches and tightness in the stomach. Then the mother is also given counseling regarding body mechanics to reduce the pain in her lower back. In addition, the mother is given counseling regarding the signs of labor and preparation for labor, considering that the mother's gestational age has reached term.

Childbirth Care

The mother has been experiencing regular and adequate cramps since 09.00 WIB. During an internal examination, the amniotic sac was intact, the cephalic presentation was transverse, and the right uterine wall was thin and soft.

Internal examination was performed again, the amniotic fluid was intact, the presentation was cephalic, the portio was thin and soft, and the UUK was anterior.

At 22.30 WIB, the mother experienced complete dilation with the waters breaking and becoming clear in color, and the head had dropped to Hodge IV. The mother was led to push, and the baby was born at 23.00 WIB, crying, with active muscle tone and reddish skin.

Stage III lasts for 10 minutes after the baby is born, with active management procedures for stage III. The release of the placenta is marked by a gush of blood from the birth canal. The placenta is born completely, the uterus is hard, and bleeding is approximately 50cc. Then, monitoring of stage IV is carried out for 2 hours. During this monitoring, the mother's condition is good, and there are no emergencies.

Postpartum Care

Postpartum care was carried out 4 times, namely 12-hour postpartum care (KF1), 4 days (KF2), 25 days (KF3), and 40 days (KF4). The results of the examinations carried out 5 times were as follows.

Table 1. Postpartum Care

	KF1	KF2	KF3	KF4
breast milk	+	+	+	+
TFU	2 fingers below the center	Mid-central sympisi	Not palpable	Not palpable
Contraction	Hard	hard	There isn't any	There isn't any
Lochia	rubra	sanguine	serous	alba
laceration	clean	clean	dry	Dry
problem	-	Need for rest	-	-

Newborn Care

The newborn baby was born at 23.00 WIB in good condition, cried immediately, and had active muscle tone. The baby was given IMD and succeeded in 45 minutes. Then the baby received essential services.

After that, the author made 3 neonatal visits. During the other visits, the baby was in good condition, and no problems were found.

Discussion

Pregnancy Care

During pregnancy, Mrs. F. was visited 3 times. In the first visit on February 22, 2025, the author's examination found that the pregnant woman was G1P1A0, a single live fetus, intrauterine position of the PUKI head, the condition of the mother and fetus was good and the results of the examination obtained TTV: within normal limits, TFU 3 fingers above the center with an estimated fetal weight of 3300 grams.

On the 2nd visit, the author conducted a single live fetus examination. The position of the PUKA head, the condition of the fetus and mother were good, and the results of the examination in the TTV were within normal limits, TFU was mid-central, and HB was 11 g/dl.

Based on the results of the author's assessment, the author found a gap in theory and in the field regarding maternal weight gain during pregnancy. Mrs. F's previous weight was 48 kg, and during pregnancy, it was 53 kg. Weight gain during pregnancy was 6 kg. Based on the results of the examination that had been carried out on Mrs. F, no signs or conditions were found that were serious and risky for the mother and fetus.

Childbirth Care

The presence of bloody show is in line with the signs of labor, namely softening, widening, and thinning of the cervix. When the mother experiences the active phase of stage 1, the author performs pain relief using the counter-pressure method, which will be discussed separately. In the second stage, multiparas have a time limit of 1 hour for pushing. The mother passes through the second stage before the specified limit. After the baby is born in good condition, the author performs active management of the third stage. After injecting 10 IU of oxytocin, a gush of blood is seen from the birth canal, indicating that the placenta has separated. This sign is called release by the Duncan method. In the fourth stage, there is a problem, namely a grade II tear in the birth canal, which includes the vaginal mucosa, perineal skin, muscles, and perineal laceration. This is done by running.

Postpartum Care

In accordance with postpartum care standards, postpartum visits are carried out 4 times, namely as follows:

Table 2. Postpartum Visits

Postpartum Visit	Time
KF1	6-48 hours after delivery
KF2	3-7 days after delivery
KF3	8-28 days after delivery
KF4	29-42 days after delivery

The postpartum care provided was in accordance with the program carried out during the visit, namely as follows:

Table 3. Care Program

Visit	Care provided
KF1	1) Prevent postpartum bleeding due to uterine atony 2) Detect and treat other causes of bleeding, refer if bleeding continues 3) Provide counseling to the mother or family to prevent postpartum bleeding due to uterine atony. 4) Facilitating early breastfeeding 5) Facilitating the relationship between mother and newborn

KF2	1) Ensure that uterine involution is progressing normally, the uterus is contracting, the fundus is below the umbilicus, there is no abnormal bleeding, and there is no odor. 2) Assess for signs of fever, infection, or abnormal bleeding. 3) Ensure that the mother gets enough food, fluids, and rest. 4) Ensure that the mother is breastfeeding well and does not show any signs of complications.
KF3	1) Ensure that uterine involution is progressing normally, the uterus is contracting, the fundus is below the umbilicus, there is no abnormal bleeding, and there is no odor. 2) Assess for signs of fever, infection, or abnormal bleeding. 3) Ensure that the mother gets enough food, fluids, and rest. 4) Ensure that the mother is breastfeeding well and does not show any signs of complications.
KF4	1) Ask the mother about any complications experienced by her or her baby. 2) Providing early family planning counseling

In the care provided, no serious problems were found. The problems found could be resolved with education provided to the mother.

Newborn care

Mrs. F's baby is normal with male gender, with a body weight of 3300 grams, body length 49 cm, a full-term baby with a gestational period of 39 weeks. Handling of newborns in the delivery room is in accordance with the theory of Amini et al (2020) namely cutting and caring for the umbilical cord, maintaining the baby's body temperature by wrapping it in a dry and clean cloth, administering vitamin K injection 1 hour after the baby is born to prevent bleeding and administering 1% oxytetracycline eye ointment to prevent eye infections. Newborns are given hepatitis B0 immunization 2 hours after the baby is immunized with BCG and polio. Hepatitis B0 immunization is to protect babies from tuberculosis and polio.

The author provides care for newborn babies in general, namely: Informing the mother of danger signs in babies, such as seizures, fever or high fever, refusing to breastfeed, bluish skin, babies defecating more than 3 times a day, and advising the mother to immediately go to the nearest facility if these signs occur. Inform the mother to breastfeed her baby as often as possible and only provide breast milk for 6 months without giving any food. Informing the mother how to care for the umbilical cord properly and correctly, namely, always wash it clean before touching the baby, do not put anything on the baby's umbilical cord, keep the baby's umbilical cord dry, and if the umbilical cord is dirty, immediately wash it with DTT water.

Family planning care

The client chose the contraceptive pill after counseling and education by the author and the client and her husband. This explains why many women who have given birth to more than one child choose the contraceptive pill, because they already have one child and want to avoid another pregnancy. The client and her husband chose the contraceptive pill as their contraceptive method. This is in line with the view expressed by the BKKBN (2019), which states that the use of family planning or PUS is generally driven by the desire to achieve certain goals.

CONCLUSION

The conclusion of this study shows that the implementation of comprehensive midwifery care for Mrs. F at BPM Winda Sriwahyuni S.Keb Pematangsiantar successfully provided comprehensive services from pregnancy, childbirth, postpartum, neonatal, to family planning. Key findings include the successful early detection of complications, the provision of effective health education, and the implementation of care according to national midwifery standards. The entire series of care provided was able to maintain the health of the mother and baby, prevent serious complications, and support the use of postpartum contraception. This study also emphasizes the importance of integrating

midwifery services and ongoing education for mothers and families as an effort to reduce maternal and infant mortality in Indonesia.

However, this study has several limitations, including the limited sample size of one case and one midwife's independent practice location, so the generalizability of the results to a broader population still requires further study. Furthermore, the use of information technology in monitoring and documenting midwifery care is still suboptimal. For future research, it is recommended to conduct studies with a larger and more diverse sample, as well as the development of a digital system for recording and reporting midwifery care. The practical implications of this study are the need to improve midwives' competence in providing comprehensive care, strengthen health education for mothers and families, and integrate information technology into midwifery services to support the quality and effectiveness of care in the future.

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