



THE COMPREHENSIVE MIDWIFERY CARE IN MIDWIFE'S INDEPENDENT PRACTICE: A CASE REPORT

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Abstract

Background: Maternal mortality rate in Indonesia in 2022 was 189 / 100 thousand live births. This figure is still high when compared to the MMR target in 2024, there are 183/100 thousand live births. One of the midwives' efforts to reduce MMR is by providing comprehensive/ sustainable midwifery care (CoC). The purpose of this case study is to describe the results of implementing CoC midwifery care on a women from pregnancy until postnatal. **Method:** This midwifery care case study uses a descriptive method, where Mrs. R is given care starting from the third trimester of pregnancy, childbirth, newborns, postpartum to family planning. CoC midwifery care is provided to Mrs. R is standard midwifery care. **Result:** After giving midwifery care to Mrs. R, it was found that the condition of the mother and baby was still within normal limits without any complications until the end of the implementation of the care. During the postpartum period, there is a cold compress on the suture area of Mrs. R. The reason for doing a cold compress is because Mrs. R complained of pain in her perineal suture wound. After applying a cold compress to the wound, Mrs. R subsides over time. **Conclusion:** The midwifery care provided to the subject was in accordance with applicable standard midwifery care procedures. So that no complications occur in the subject when midwifery care is provided.

keyword : Midwifery, Postpartum, Antenatal

INTRODUCTION

Maternal mortality rate (MMR) is the death of a woman while pregnant or dies within 42 days of the termination of her pregnancy, regardless of gestational age or where the woman gave birth (Central Statistics Agency, 2023). MMR is an indicator of a country's welfare (Fitria, et al., 2021). According to the World Health Organization (WHO), from 2000 to 2022, the global maternal mortality rate decreased by 34%, namely from 342 to 223 deaths in 100 thousand live births. The causes of maternal death on average are postpartum hemorrhage, pre-eclampsia, hypertensive disorders, pregnancy infections, unsafe abortion complications and pre-existing medical conditions that are worsened by pregnancy (UNICEF, 2023).





The MMR target in Indonesia in 2024 is 183/100 thousand live births, while the results of the 2015 Inter-Census Population Survey found that the MMR was 305/100 thousand live births and in 2022 the number of MMR will decrease to 189/100 thousand live births. The top three causes of maternal death are eclampsia (37.1%), bleeding (27.3%), and infection (10.4%) (Kemenkes RI, 2023). The maternal mortality rate in East Java Province has significantly decreased, where in 2021 the number of MMR was 234.7 / 100 thousand live births and in 2022 the number of MMR was 93 / 100 thousand live births. The maternal mortality rate in 2022 could exceed the East Java MMR target for 2022, namely 96.42 / 100 thousand live births (Dinkes Prov. Jatim, 2023).

The number of maternal deaths in 2021 - 2022 in Sidoarjo Regency has decreased by 22.39 points, where in 2021 the MMR number was 59.69 / 100 thousand live births and in 2022 the MMR number was 37.3 / 100 thousand live births. The total MMR in Sidoarjo Regency in 2022 is 13 mothers who died, which consists of 2 deaths of pregnant women and 11 deaths of postpartum women. If we look at each health center in Sidoarjo Regency, it is found that Candi Health Center has the highest number of deaths in Sidoarjo Regency, namely 3 mothers died. The causes of maternal death in Sidoarjo Regency in 2022 are caused by hypertension (38.46%), bleeding (23.08%) and (30.77%) caused by other things such as tuberculosis, HIV and dengue fever (Dinkes Kab. Sidoarjo, 2023).

In an effort to reduce MMR in the world, the World Health Organization (WHO) recommends that health workers provide comprehensive and sustainable services for mothers and babies called Continuity of Care (CoC), one of these services is assigned to midwives, namely Midwife-led continuity of care (MLCC) (UNICEF, 2023). Continuous midwifery care (CoC) is provided from pregnancy, childbirth, newborn, postpartum and family planning for mothers and babies. This care aims to monitor development of the condition of the mother and baby in a good and focused manner (Fitria, et al., 2021).

Based on the description and data above, the author is interested in conducting a case study which aims to describe midwifery care management comprehensive information that has been given to Mrs. R with complaints of pain in the perineal suture wound at Nuril's Midwifery Independent Practice Sidoarjo.

METHOD

This midwifery care case study was taken using descriptive methods. The purpose of this case study is to describe the results of implementing midwifery care on the subject Mrs. R aged 29 years at Nuril's Independent Midwifery Practice Sidoarjo. Mrs. R was married with a duration of 1 year and this is the first pregnancy for her. History of First Day of Last Menstruation Mrs. R on 12 September 2022 with Expected Birth Day on 19 June 2023. The approach used in this case study is a comprehensive, continuous and complementary analysis of midwifery care consisting of five midwifery care starting from the third trimester of pregnancy, childbirth, postpartum newborns and family planning. Data collection was carried out by carrying out introductions, informed consent, anamnesis, physical examination focused on pregnancy, childbirth, newborns and postpartum, data analysis, management and documentation, which then compared the data obtained with existing theory. The instrument used in collecting data for this case study was the SOAP midwifery care format. The timing of the pregnancy care case study in the third trimester was carried out on 20 April 2023, which was then continued with midwifery care for childbirth, newborns, postpartum and family planning on 23 June 2023.

RESULT

Midwifery care for the third trimester of pregnancy was carried out on 16 June 2023, Mrs. R made a return visit to TPMB Nuril Sidoarjo with no complaints at this time. From the results of the anamnesis, it was found that the marital status was married with a duration of 1 year, Muslim, and the last educational status was a bachelor's degree. History of First Day of Last Menstruation on 12 September 2022 with Expected Birth Day on 19 June 2023, this is the first pregnancy with complaints from previous pregnancies, namely nausea and vomiting in the first trimester of pregnancy and coughs and colds in the second trimester of pregnancy, had done Antenatal Care (ANC) 2 times in the first trimester, 2 times in the second trimester and 3 times in the third trimester, fetal movement was felt more than 10 times in the last 3 hours, strong on the upper right



side of the mother's abdomen, and no pain, apart from that there is no history of family disease, contraception, past and current health.

The results of the physical examination showed that her general condition was good, her weight before pregnancy was 60 kg, currently 75 kg, height 160 cm with the results of the Body Mass Index (BMI) calculation being 23.44. Vital signs showed blood pressure 118/73 mmHg, RR 20 times/minute, pulse 80 times/minute, temperature 36.7°C, breasts clean, enlarged, nipples prominent, colostrum present, no lumps in the breasts. In the obstetric abdomen, it was found that the abdomen was enlarged longitudinally, fetal movement was visible, Leopold I palpated the buttocks of the fetus at the mother's uterine fundal height (TFU), namely 3 fingers below the processus xiphoideus, Leopold II palpated the back of the fetus on the mother's left and a small part on the mother's right, Leopold III felt the head and had entered the pelvis, Leopold IV was found to be parallel, the mother's TFU was 32 cm, FHR 135 times/minute with a Doppler, the mother's upper and lower extremities were not swollen and there were no varices.

From supporting examination data, blood and urine laboratory results were obtained on 1 June 2023, namely Hb 12.6 gr/dL, blood type A positive, urine protein and albumin negative, HIV and HBsAg non-reactive, blood sugar 90 mg/dL. Meanwhile, the results of the ultrasound examination carried out on 6 June 2023 showed that the BPD was 9.23 cm, single fetus, positive FHR, head position, sufficient amniotic fluid, female gender and estimated fetal weight of 3,643 grams. The results of the analysis showed GI - P00000, gestational age 39 weeks, the fetus was alive, single, the head was positioned and had entered the pelvic inlet, intrauterine, the pelvic impression had not been tested, the general condition of the mother and fetus was within normal limits. The management provided is conveying examination results, providing Communication, Information and Education (IEC) related to nutrition, signs of labor, breast milk supplements, preparation for childbirth, and referrals, reminding pregnant women about danger signs, providing multivitamins (Gestiamin Plus and Kalk), and schedule a repeat visit in 1 week, namely on 23 June 2023 or immediately if there are danger signs of pregnancy or signs of labor.

Midwifery care for childbirth was carried out on 23 June 2023 at 02.15 WIB, Mrs. R visited TPMB Nuril Sidoarjo with complaints of water coming out of his genitals since 02.00 WIB and the liquid was white clear and loud since yesterday. From the results of the physical examination, it was found that his general condition was good, blood pressure 123/88 mmHg, breathing 20 times/minute, pulse 88 times/minute, temperature 36.5°C. In the obstetric abdomen, leopold I was found to be palpated on the buttocks with TFU 3 fingers below the xiphoid process, leopold II was palpable on the back of the fetus on the mother's left and a small part on the mother's right, leopold III was palpated on the head and had entered the pelvis, leopold IV was found to be divergent, head descent 2 /5, mother's TFU is 33 cm, FHR 140 times/minute with a doppler, hiss 5 times with a duration of 42 seconds in 10 minutes and strong intensity, the mother's upper and lower extremities are not swollen and there are no varices. The results of the vaginal toucher examination showed that the opening was 6 cm, effecement 80%, clear amniotic fluid, back of the head presentation, front left small fontanel denominator, decreased H-II +, no small parts besides the lowest part of the fetus and infiltration 0.

From the results of this examination, an analysis of the gestational age of 40 weeks was obtained, the general condition of the mother and fetus was within normal limits during the 1st stage of the active phase of maximum dilatation with rupture of the membranes. The management given to Mrs. R, namely conveying the results of examinations, providing midwifery care for the mother and family, observing the progress of labor, fetal well-being and danger signs, documentation and preparation of birth equipment and medicines. At 06.15 WIB, Mrs. R wanted to push and the loudness became stronger, there were signs of the second stage of labor, the results of a vital signs examination showed blood pressure 120/85 mmHg, breathing 20 times/minute, pulse 80 times/minute, temperature 36.7°C, FHR 145 times/minute, hiss 5 times with a duration of 48 seconds within 10 minutes, head descent 0/5, vaginal toucher results obtained 10 cm opening, 100% effecement, clear amniotic fluid, back of the head presentation, small fontanel denominator in front, decreased H- IV, there are no small parts besides the lowest part of the fetus and infiltration is 0. The analysis obtained from the examination results is the



second stage of labor with the general condition of the mother and fetus within normal limits.

The management given was 60 steps of Normal Childbirth Care (APN) and an episiotomy was performed on the perineum with indications of a stiff perineum. At 06.55 WIB the baby was born spontaneously, female with Apgar Score 7-8. The baby is immediately treated for newborns and IMD immediately, then given active management care in the third stage to Mrs. R. The results of the examination of the mother's blood pressure were 115/70 mmHg, there was no second fetus when palpated, the contractions were hard, an oxytocin injection was given and the placenta was born spontaneously at 07.00 WIB, the membranes and cotyledons were complete. After the placenta is born, the mother's general condition is good, contractions are strong, the bladder is empty, TFU is at the level of the navel, then heacting is carried out on the mother's perineum with a 2nd degree episiotomy laceration, followed by providing midwifery care, anti-pain medication, antibiotics, vitamin A, juice. Breast milk and observation of the fourth stage of labor during the first 2 hours postpartum. The results of the fourth stage of labor showed that the mother's condition was within normal limits.

Midwifery care for the newborn baby was carried out on 23 June 2023 at 07.20 WIB. The results of the examination of the general condition of the newborn were obtained, temperature 36.7°C, breathing 48 times/minute, pulse 140 times/minute, birth weight 3,700 grams, body length 48 cm, head circumference 34 cm, chest circumference 32 cm, and immediately IMD, reddish skin color, no abnormalities. The analysis obtained from the examination results was a term neonate aged 0 days with general conditions within normal limits. Standard midwifery care for newborn babies was carried out as well as the injection of 1 mg vitamin K into the baby's left thigh. R, giving eye ointment, bathing the baby at 15.30 WIB, giving Hepatitis B immunization after the baby is bathed, fulfilling exclusive breastfeeding and making observations.

Postpartum midwifery care was carried out on 23 June 2023 at 13.00 WIB. The mother complained of pain in the sutured area of the perineum, had breastfed her baby twice, urinated twice, had eaten and slept. The results of the examination showed that the general condition was good, vital signs were within normal limits,

the breasts were clean, enlarged, the nipples were prominent, colostrum was present, there were no lumps in the breasts, the consistency was supple. In the obstetric abdomen, TFU was found 2 fingers below the navel, strong contractions. Genitourinary examination revealed lochea rubra with an estimated number of 1 full pad, the perineal suture wound was wet, the sutures were still neat, there was no edema and no discharge, the urinary bladder was empty, the upper and lower extremities were not edematous. The analysis obtained from the examination results was P10001, 6 hours postpartum with complaints of pain in the perineal suture wound.

The management carried out is to convey the results of the examination, provide IEC related to pain in the perineal suture wound which is still physiological, providing IEC and applying cold compresses to perineal suture wounds, providing postpartum midwifery care such as IEC nutrition, ambulation, rest and sleep, good and correct breastfeeding methods, breastfeeding the baby on demand, danger signs for postpartum and newborn babies, and telling the mother that can go home at 16.00 WIB if the condition of the mother and baby is stable.

Family planning midwifery care was carried out at 15.00 WIB, Mrs. R said she didn't know whether to use contraception that didn't interfere with breast milk production. The results of the physical examination showed vital signs, blood pressure 118/78 mmHg, breathing 20 times/minute, pulse 80 times/minute, temperature 36.6°C, obstetric abdomen, TFU 2 fingers below the navel, strong contractions. Genito-urinary examination revealed lochea rubra with approximately half a full bandage, the perineal suture wound was wet, the sutures were still neat, there was no edema and no discharge, the urinary bladder was empty, the upper and lower extremities were not edematous. The analysis obtained from the examination results is that prospective MAL new family planning acceptors have general conditions within normal limits. The management carried out is conveying the results of the examination, providing IEC related to various types of contraception that do not interfere with breast milk production, providing IEC related to MAL contraception including understanding, how to use it, terms of use, effectiveness, disadvantages and advantages, scheduling repeat visits.



DISCUSSION

Based on the results of the pregnancy examination, it was found that ANC visits were carried out during pregnancy, namely 2 times in the 1st trimester, 2 times in the 2nd trimester and 3 times in the 3rd trimester. The ANC visits carried out included routine ANC visits, this is in accordance with (Zuchro, et al., 2022), in her research on ANC analysis in pregnant women. The number of routine ANC checks for pregnant women is at least 1 time at 1 - 3 months of pregnancy, 1 time at 4 - 6 months of pregnancy and 2 times at 7 - 9 months of pregnancy. If pregnant women do not have an examination, then the mother does not know whether the pregnancy is going well, there are high risks and obstetric complications which can endanger the lives of the mother and fetus and can cause death.

Based on the results of blood and urine laboratory investigations carried out on 1 June 2023, the Hb level was 12.6 gr/dL. According to an online journal article in (Anon, 2020), in his research, a description of hemoglobin levels in third trimester pregnant women at the Robert Wolter Mongisidi Hospital in Manado. Blood hemoglobin is a parameter used to determine anemia. The normal Hb value in the third trimester of pregnancy is an average of 12.5 g/dL. From this, the Hb level in this case study was within normal limits and she did not experience anemia during her pregnancy.

During delivery care, it was found that there was an episiotomy which was caused by the mother's stiff perineum, so an episiotomy was carried out to reduce and prevent perineal rupture. This is in accordance with the online journal article (Vanisa & Ulfah, 2022), in their research on The Effectiveness of Episiotomy Actions in Accelerating The Labor Process. The research results obtained were that episiotomy is an action that is not carried out routinely. An episiotomy can be performed if there are indications for fetal safety, prolonged labor, labor with buttock pretension, shoulder dystocia, forceps extraction, vacuum extraction, scar tissue on the perineum or vagina, stiff and short perineum, presence of a rupture that is likely to occur in the perineum, premature pregnancy to reduce pressure on the fetal head. The aim of an episiotomy is to reduce injury to the perineum and anal sphincter rupture by controlling the direction and level of damage to the

perineal tissue. An episiotomy is easier to perform a heacting procedure compared to a spontaneous tear.

In the care of newborns, it was found that the midwifery care given to Mrs. R is immediate administration of IMD. According to an online journal article (Rezky & Adisasmita, 2019), about The Association of Early Initiation of Breastfeeding and Neonatal Mortality in Babies Born Weighing >2500 Grams and Low Birth Weight Babies. IMD is one part of newborn care. Newborns or neonates get their first colostrum when IMD is performed. The nutrition from the colostrum obtained increases the baby's body resistance, so this can reduce the risk of neonatal death. All neonates are advised to have IMD immediately after birth. However there are several conditions in neonates, such as very premature babies whose condition is unstable, so it is not possible to carry out IMD immediately. It is more advisable to provide assistance first until the baby's condition is stable, then after the baby's condition is stable, IMD can be carried out.

There were complaints when midwifery care during the postpartum period took place. At 6 hours postpartum, she complained of pain in the perineal suture wound. IEC was given regarding pain in perineal suture wounds and a way to treat the pain, namely by applying compresses to the wound area, was also carried out. So it is found that the pain felt has begun to decrease, and the pain felt can be tolerated. According to an online journal article (Wahyuni & Pitriani, 2022), regarding midwifery care for postpartum mothers by giving compresses to reduce perineal wound pain, the results showed that the perineal wound pain felt by postpartum mothers before being given compresses was on a scale of 4 with a REEDA scale value of 3. After compression was applied, the pain scale became 0 and the REEDA scale 0. So it can be concluded that there was an effect of reducing pain in perineal wounds after giving compress treatment to perineal wounds for 4 days.

In family planning midwifery care, IEC is provided regarding various types of family planning that are safe for breastfeeding mothers. From the IEC, it was found that Mrs. R chose to use MAL contraception for now, so that the mother is not disturbed in the breastfeeding process if she uses this contraceptive. This is in accordance with the online journal article (Aprillian, et al., 2023), regarding



maternal attitudes related to the success of MAL contraception in exclusively breastfeeding mothers. One type of simple contraception that can support the family planning program by taking advantage of the breastfeeding period is by using MAL. The Lactational Amenorrhea Method is a type of contraception that uses breast milk exclusively, so this contraceptive method will be effective when the baby is only given breast milk without any additional food or drink..

CONCLUSION AND RECOMMENDATIONS

Carrying out a case study on Mrs. R with COC midwifery care it can be concluded that care is carried out smoothly, mother and baby are healthy and normal. Midwifery care provided during pregnancy, childbirth, newborns, postpartum and family planning is carried out according to standards and theory.

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