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Comprehensive midwifery care for Mrs. "R" G2P1A0 in the independent practice of midwife Desi Fitriani, SKM., S.Keb

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Abstract---One of the government's efforts to reduce MMR and IMR in Indonesia is the provision of continuous care or Continuity Of Care (COC) to supervise, care and management of pregnant women, childbirth, newborns, postpartum and family planning. The aim is to provide midwifery care to Mrs. "R" at TPMB Desi Fitriani, SKM., S.Keb during pregnancy, childbirth, postpartum, and neonates using a midwifery care management approach. The research method used is a descriptive observational method with a case study approach. The time of midwifery care was carried out in March-June 2025. The results of midwifery care during pregnancy were given twice, namely at 33 weeks 2 days of pregnancy and at 37 weeks 2 days of pregnancy with complaints of back pain. Midwifery care during labor starts from stage 1 to IV. Newborn care is carried out after the baby is born such as IMD for 1 hour, vitamin K injection, physical examination and providing breast milk as often as possible. Midwifery care during the postpartum period was provided twice, at 6 hours and 6 days. It is hoped that future authors will be able to improve their skills in providing midwifery care services according to the steps in midwifery care.

Keywords---Midwifery care for pregnancy, childbirth, postpartum, newborns.

Introduction

The maternal mortality rate (MMR) is one indicator that can describe the well-being of a country's population. According to World Health Organization (WHO) data, the global MMR in 2015 was estimated at 303,000 per 100,000 live births (Awaliyah & Yuriah, 2025). The Infant Mortality Rate (IMR) in 2016 was estimated at 41 per 1,000 live births (WHO, 2019).

In Indonesia, the MMR has decreased from 346 deaths per 100,000 live births in 2010 (2010 Population Census) to 189 deaths per 100,000 live births in 2022. The main causes of maternal death are hypertension (33.07%), obstetric hemorrhage (27.03%), and non-obstetric complications (15.7%). Efforts to reduce maternal and child mortality rates (MMR) must be comprehensive and must not neglect efforts to improve the health status of women, families, and the community at large (Awaliyah & Yuriah, 2024). One of these efforts is by paying serious attention to addressing complications during pregnancy, childbirth, and the postpartum period. (Ministry of Health of the Republic of Indonesia, 2022).

The Maternal Mortality Rate (MMR) in South Sumatra Province in 2018 was targeted at 134, with a realization of 119, or 111.19%. The cumulative number of maternal deaths over the past three years has seen a slight decline in 2018. Meanwhile, the Infant Mortality Rate (IMR) was 51, significantly lower than the 2018 target of 100 (South Sumatra Health Office, 2019).

The number of maternal deaths in OKU Regency in 2021 was 11 out of 6,430 live births, an 8.3% decrease from 12 out of 7,130 live births in 2020. Therefore, based on assumptions, the maternal mortality rate in Ogan Komering Ulu Regency in 2021 was 171 per 100,000 live births. This figure represents a 1.2% increase from the 2020 figure of 169 per 100,000 live births (OKU Health Office Profile, 2022).

One of the most sensitive indicators for assessing health status and the progress of a nation is the maternal mortality rate (MMR) and infant mortality rate (IMR) (Yuriah & Kartini, 2022). The continued high number of MMR and IMR cases necessitates research to determine the coverage of K1 (K1) and early detection of high-risk pregnancies (Ministry of Health, 2021).

One effort that can be made to reduce maternal and infant mortality is recommended for health workers to prevent obstetric and neonatal complications such as asphyxia, congenital abnormalities, other comorbidities in infants, and hypertension during pregnancy and the postpartum period (Yuriah et al., 2023) (Yuniarti et al., 2025). Pregnant women are closely monitored by providing timely and complete antenatal care (ANC), including administering iron and calcium tablets to the mother, and monitoring this through maternal and child health surveillance (KIA) officers (Kusmawardani & Handayani 2018).

Data obtained by the author at the Desi Fitriani, SKM., S.Keb. Center for Midwifery Care (PMB), showed that 98 pregnant women received ANC in 2023, with 44 deliveries in 2023. Based on the above data, the author is interested in

conducting "Comprehensive Midwifery Care for Mrs. "R" at the Desi Fitriani, SKM., S.Keb. Center for Midwifery Care (TPMB).

Method

The design used was a descriptive observational method with a case study approach, implemented by the author using Varney management. A case study is a method for understanding an individual, conducted in an integrative and comprehensive manner to gain a deep understanding of the individual and the problems they face, with the goal of resolving the problems and achieving positive oblique development. The documentation method used by the author in the final midwifery care report uses progress notes, including Subjective (S), Objective (O), Analysis (A), and Planning (P), abbreviated as SOAP, referring to the Decree of the Minister of Health of the Republic of Indonesia Number 918/menkes/VIII/2007.

The scope of discussion in this case study is Mrs. "R" G2P1A0, 34 weeks and 6 days pregnant, who implemented comprehensive or comprehensive care (Continuity of Care) starting from pregnancy, delivery, newborn, postpartum, neonate, and family planning. The time required to complete this midwifery care was from November 24, 2023, until the completion of comprehensive care for the client. Continuity of Care Midwifery Care was implemented at TPMB Desi Fitriani, SKM., S.Keb Baturaja.

Data collection used primary data, namely interviews conducted with Mrs. "R" to obtain biographical data, menstrual history, medical history, current pregnancy history, medical history, family planning history, daily life patterns, and psychosocial patterns. The interview results were documented in SOAP format, namely subjective data. Observations from the physical examination and obstetric examination were carried out from head to toe with several types of examinations, including inspection or observing general condition, consciousness, hair shape, face, eyes, nose, mouth, ears, neck, chest, breasts, and abdomen for any abnormalities. Supporting data was conducted in the form of an ultrasound examination to assess fetal development. Secondary data was obtained from medical records, from the patient's status record and the KIA book, documented in SOAP format.

Results and Discussion

After providing comprehensive midwifery care in this case study, the author will discuss the midwifery care provided to pregnant women, laboring women, postpartum women, newborns, and neonates. This was done for Mrs. "R," starting from the third trimester of pregnancy, 34 weeks, to 2 weeks postpartum.

Pregnancy Midwifery Care

According to the Ministry of Health (2016), the standard antenatal care (ANC) services are 10 Ts: weight and height measurement, blood pressure measurement, mid-upper arm circumference measurement, uterine fundal height measurement, fetal presentation and fetal heart rate (FHR), tetanus toxoid (TT)

immunization, iron tablets, laboratory tests, counseling, and management or treatment.

Mrs. "R," aged 27, came for a pregnancy checkup. Starting from May 22, 2023 to May 29, the mother has visited PMB Titik Khoiri twice, the first day of her last menstruation was on September 10, 2022. Estimated delivery on June 17, 2023, the mother's immunization status is T5. From the results of the examination, the general condition was good, TTV within normal limits, no edema was found. On palpation examination, a tfu was found 28 cm, soft and non-bounced in the fundus. On the left side of the mother's abdomen, small extremities were felt. On the right side of the mother's abdomen, it felt hard and elongated. While the lowest part of the mother's abdomen felt hard, round and bouncy, and had not entered the PAP. The results of auscultation found DJJ on the right side of the mother's lower abdomen with a frequency of 132x / minute. The estimated fetal weight is 2,480 grams. and colostrum has not come out, and the mother was given KIE to massage the breasts. The second antenatal care visit on June 29th revealed that all examination results were within normal limits, both physical and supporting examinations. Colostrum had not yet been released.

The author did not administer immunizations because the mother had already received 5 doses of tetanus toxoid (TT) immunizations: TT 1 during elementary school, TT 2 during prenatal care, TT 3 during her first pregnancy, TT 4 during her second pregnancy, and TT 5 during her third pregnancy. In her case, TT 5 was administered, following established procedures to prevent the risk of tetanus in newborns. This is normal and there are no discrepancies. In Mrs. R's case, no STD testing was performed because there were no indications to suggest it. The prenatal examinations performed on the mother complied with the 10T pregnancy examination standards, including weighing, height, and weight, blood pressure, nutritional status assessment (LILA measurement), uterine fundal height examination (fundal height), fetal presentation and fetal heart rate (FHR) determination, tetanus toxoid (TT) immunization status screening, if necessary, administration of at least 90 iron tablets during pregnancy to prevent anemia, laboratory tests (hemoglobin, protein, and glucose), case management (education or treatment), and counseling, including delivery planning and complication prevention (P4K) (Juniarti et al., 2024).

Delivery

According to Purwoastuti (2022), labor and birth are the expulsion of the fetus that occurs during a full-term pregnancy (37-42 weeks). Mrs. "R" came to midwife on June 21, 2023, at 1:00 AM WIB (Western Indonesian Time), complaining of abdominal cramps and pain radiating to her lower back since 1:00 PM. She had been experiencing mucus and blood-tinged discharge. The examination revealed 10 cm dilation, clear membranes, cephalic presentation, soft and rigid cervix, and 100% effacement.

At 1:10 AM, the woman experienced cramps, increasing lower abdominal pain, fluid discharge, and the urge to defecate. The examination revealed five contractions in 10 minutes, each lasting 45 seconds, with a full cervical dilation of 10 cm and a descent of 0/5.

The second stage of labor is the process of pregnancy resulting from the recognition and management of dilation. The second stage begins when the cervix is fully dilated (10 cm) and ends with the birth of the baby. The second stage is also known as the delivery stage (Purwoastuti, 2022)

The second stage lasts 10 minutes from full dilation. The birth was delivered using the 60-step APN (National Anesthesia) procedure, and the newborn was born normally. Therefore, there was no gap between the theory and the care provided, as it was in accordance with the 60-step APN. Several supporting factors, such as adequate contractions and the final delivery factor, resulted in a faster delivery of the fetus. At 1:15 a.m. WIB, the baby was born. A cursory assessment revealed that the baby was born spontaneously, had a strong cry, and was actively moving. He was male, weighed 2,800 grams, and was 48 cm tall.

The third stage of labor lasted 5 minutes. After the baby was born and confirmed that there was no second fetus, a PTT was performed and the placenta was assessed for completeness. The placenta was delivered at 1:15 a.m. WIB. Therefore, there were no complications during the third stage.

The fourth stage lasted 5 minutes for 2 hours, monitoring the mother's vital signs, contractions, bladder function, and bleeding. Monitoring was performed every 15 minutes for approximately the first hour and every 30 minutes for the second hour. The IV stage remained within normal limits and did not differ from the theory (Zahra & Yuriah, 2026).

Newborns

A normal newborn is a baby born in a cephalic presentation through the vagina without instruments, at 37 to 42 weeks of gestation, with a birth weight of 2,500 to 4,000 grams, an APGAR score of >7, and no congenital defects. (Juliarti, 2022).

Newborn care was provided on June 21, 2023, at 5:00 PM WIB. The baby was born spontaneously with immediate crying, active movements, reddish skin, and strong suckling. A physical examination was within normal limits. His weight was 2,800 grams, his height 48 cm, and his gender was male.

A re-examination was conducted within the first 6 hours at 6:00 AM WIB. After the examination, the mother was informed about umbilical cord care, the danger signs of the newborn, and the need to exclusively breastfeed. At the 6-day neonatal visit, Mrs. "R" was found to be in good health. Her respiratory rate was 42 breaths/minute, her temperature was 36.7°C. The umbilical cord had fallen off on the 6th day, the baby was not fussy or whimpering, and her sucking reflex was strong during breastfeeding. There were no danger signs. Based on the care provided, there was no gap between theory and practice, as monitoring, care, and counseling regarding the newborn had been implemented.

Postpartum Period

The postpartum period, or puerperium, begins one hour after the delivery of the placenta and continues for six weeks (42 weeks). Postpartum care during this

period is intended to meet the needs of the mother and baby, including prevention, early detection, and treatment of pregnancy complications and illnesses, immunizations, and maternal nutrition (Prawiroharrdjo, 2018).

Mrs. R's postpartum visit was conducted on June 21, 2023, during the first six hours. The second postpartum visit was conducted on June 27, 2023. The first postpartum visit yielded normal results, with a TFU 2 fingers below the umbilicus, good contrast, and lochia rubra. There were no discrepancies between the care provided and the mother's theory. Information and education on postpartum nutrition, exclusive breastfeeding, and postpartum hazards were provided (Yuriah & Zahra, 2024). The second postpartum visit yielded similar results: vital signs within normal limits, good contrast, a TFU between the umbilicus and the symphysis, and lochia sanguinolenta. Monitoring revealed no discrepancies between theory and practice, and no complications (Sepriani et al., 2024).

Conclusion

Based on the comprehensive midwifery care that has been carried out on Mrs. "R" from pregnancy, childbirth, newborn, and postpartum in Sukaraya, Baturaja City, the results obtained are as follows: Midwifery care during pregnancy was given 2 times, namely at 33 weeks 2 days of pregnancy. During the provision of care during pregnancy at 37 weeks 2 days with complaints of back pain, so the author carried out care according to the mother's needs. During pregnancy, no complications were found, the mother and fetus were in good condition. Midwifery care during labor starting from the 1st to the 4th stage was carried out in accordance with normal labor care and paid attention to the mother's needs such as elimination food, birth position, correct pushing method and pain management when the mother contracted the mother's labor proceeded in a normal process without complications. Newborn care was carried out after the baby was born. The care given to newborns was IMD for 1 hour, vitamin K injection, physical examination, bathing the baby, paying attention to the baby's needs such as elimination and providing breast milk as often as possible, the baby was in good health without problems and complications. Postpartum midwifery care is provided three times, at 6 hours and 6 days, to assess the condition of the mother and newborn, provide counseling on the mother's needs during the postpartum period, and prevent and detect any problems that may arise.

It is hoped that this will improve skills in providing comprehensive midwifery care, guided by both theoretical and practical steps. This can be documented using the SOAP method to improve services and motivate the implementation of quality midwifery care management, as well as foster a friendly and courteous attitude towards patients, ensuring their comfort.

Conflict of interest statement

The authors declared that they have no competing interests.

Statement of authorship

The authors have a responsibility for the conception and design of the study. The authors have approved the final article.

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