



Case Report

MIDWIFERY CARE ON THE PREGNANT WOMEN IN LAMPREH LAMTEUNGAOH, INGIN JAYA, THE DISTRICT OF ACEH BESAR

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Abstract

Health issues that often occur during pregnancy include anemia, Chronic Energy Deficiency (CED), and obesity; risk factors such as closely spaced pregnancies, multiple pregnancies/twins, obstetric complications, non-communicable and communicable diseases, and mental health issues need more attention because they significantly impact overall health. One of the indicators of public health status is the maternal mortality rate and infant mortality rate. The higher the Maternal Mortality Rate (MMR) and infant mortality in a country, the worse the health status of that country is likely to be.

This case report aims to provide midwifery care for pregnant women in Gampong Lampreh Lamteungoh, Ingin Jaya Subdistrict, Aceh Besar District, and to document it in the SOAP format. The first care was conducted on Tuesday, January 24, 2023, and after data collection, it was found that the mother had no complaints. The examination results were within normal limits. The data analysis indicated G1POAO at 27 weeks and 1 day of pregnancy, with both mother and fetus in good condition. Midwifery guidance was provided regarding recommendations for nutritious food, adequate water intake, sufficient rest, a continuation of iron supplement tablets, health education on discomfort during pregnancy, and visiting health facilities if any complaints arise. According to her concerns, further care will be provided during the mother's next visit.

Keywords: Midwifery care, Pregnancy, Ingin Jaya, Aceh Besar

Introduction

Based on data from the World Health Organization (WHO) in 2019, the global Maternal Mortality Rate (MMR) is 210 per 100,000 Live Births. In Indonesia, according to the Inter-Census Population Survey (SUPAS) data from 2015, the MMR was 305 per 100,000 Live Births (1). One of the targets of the Sustainable Development Goals (SDGs) to accelerate the reduction of maternal mortality by the year 2030 is to achieve a rate of 70 per 100,000 live births, which is one of the indicators (2).

The MMR in Aceh Province from 2017 to 2021 has fluctuated. In 2020, it was 172 per 100,000 live births, but in 2021, it significantly increased to 223 per 100,000 live births. In Aceh Besar District, the MMR is reported at 14 per 100,000 live births, while the maternal

mortality rate at the Ingin Jaya Community Health Centre is 4 per 100,000 live births (3).

Common health issues during pregnancy include anemia, chronic energy deficiency (KEK), and obesity. Risk factors such as maternal age over 35 years or under 16 years, closely spaced pregnancies (under two years), and multiple pregnancies also contribute to these issues. Complications during childbirth, such as premature rupture of membranes, vaginal bleeding, pre-eclampsia/eclampsia, and pregnancy-induced hypertension can occur. Non-communicable diseases such as hypertension, diabetes mellitus, heart disease, kidney disease, asthma, cancer, and epilepsy may also pose risks. Other health issues in pregnancy include sexually transmitted diseases such as HIV, syphilis, Hepatitis B, and TB. Mental health issues such as depression,

anxiety disorders, and psychosis are also common during pregnancy (4).

Efforts to accelerate the reduction of MMR are made by ensuring every mother has access to quality healthcare services, including maternal health services. Maternal health initiatives include providing services to pregnant women by healthcare professionals at health facilities. Antenatal care is provided according to pregnancy care standards, which include weighing and measuring height, measuring blood pressure, measuring upper arm circumference (MUAC), measuring fundal height, determining tetanus immunization status, and providing vaccinations, accordingly, providing a minimum of 90 iron tablets during pregnancy, determining foetal presentation and foetal heart rate, conducting counseling sessions, laboratory testing, and managing cases as needed (1).

Maternal health services must meet a minimum frequency of six pregnancy check-ups. Two times in the first trimester (0-12 weeks), once in the second trimester (12-24 weeks), and three times in the third trimester (24 weeks until delivery). These check-ups include four visits with a midwife and two with a doctor (4).

In 2021, nationally, the number of maternal health services reached the national medium-term development Plan 2021, with a target of 88.8%, exceeding the target of 85%. This was an increase compared to the previous year. The rise in the number of fourth-visit pregnant women is influenced by adaptations during the COVID-19 pandemic in 2021, as there were many restrictions on health services the previous year. In the district of Aceh Besar, the first and fourth visits of pregnant women were 87% and 81%, respectively. Meanwhile, at the Ingin Jaya Health Centre, first visits were recorded at 75.63% and fourth- visits at 61.84% (3).

This case report aims to implement midwifery care for pregnant women in the Lampreh Lamteungoh village of Ingin Jaya District, Aceh Besar, and to document it in the SOAP format.

Case Report

This case report was created on Tuesday, January 24, 2023, at 16:30 WIB, located in Lampreh Lamteungoh, Ingin Jaya, the district of Aceh Besar. The subject of this case was Mrs. I, 26 years old, residing in LL village, Ingin Jaya, the district of Aceh Besar. Subjective data obtained from the mother indicates that this is

her first pregnancy; she has never had a miscarriage before, and she is delighted with this pregnancy, which they have been longing for over the past year. The mother does not have any complaints and has no history of systemic diseases or genetic conditions. The first day of her last menstrual period was July 17, 2022.

The researcher obtained objective data from the examination results: general condition good. Anthropometric examination results: height: 153 cm, weight: 55 kg (before pregnancy: 50 kg), mid-upper arm circumference: 24 cm. Vital signs examination: blood pressure: 120/80 mmHg, pulse: 80 beats/minute, respiration: 20 breaths/minute, and temperature: 37°C. Physical examination: Eyes: Conjunctiva was pink, and sclera was not icteric. No swelling of the thyroid glands in the neck. Breasts: nipple protruding, areola darkened, and no milk discharge. No surgical scars on the abdomen. Palpation results: Fundal height is 24 cm, and two fingers are above the navel. The fundus is felt round and firm (buttocks), and the fetus back is on the mother's right side. The lowest part of the fetus felt round, hard, and resilient (head), and the fetus had not entered the pelvic axis (convergent). Fetus Weight: 2,015 grams. Auscultation results: Fetus heart rate: 134 beats/minute and no contractions. Genital examination: no swelling of the Bartholin and Skene glands. Examination results of extremities: no edema and varices in both legs. Patellar reflex: Right (+) Left (+). Based on subjective and objective data assessment, the mother's G1PoAo, gestational age 27 weeks 1 day, and both the mother and fetus are in good condition.

The planning and management of this case are:

- 1). Informing the mother of the examination results that both she and the fetus are in good condition and all examination results are normal
- 2). Informing the mother of her current gestational age
- 3). Advising the mother to consume nutritious foods such as tofu, tempeh, eggs, meat, vegetables, and fruits
- 4). Advising the mother to drink enough water, at least 2 liters/day
- 5). Advising the mother to rest sufficiently, 1-2 hours during the day and 7-8 hours at night
- 6). Advising the mother to continue taking iron supplements 1x1 tablet/day

7). Providing information about discomforts during pregnancy in the third trimester: frequent urination, leg cramps, headaches, swelling in the legs

8). Advising the mother to immediately go to a health facility if there are complaints 9). Evaluating the mother's understanding of what the students convey

10). The mother can repeat what has been provided during the care, and she understands the explanation.

After providing education, the researcher evaluates the mother's understanding of what has been conveyed. The evaluation shows that the mother can repeat what has been communicated during the care, and she understands the explanation.

The midwifery care evaluation is conducted on Friday, February 24, 2023, at 4:30 PM (in Lampreh Lamteungoh during the second visit). During this visit, the mother complained of frequent urination at night, about 3-4 times, but it does not disturb her rest because the urge to urinate usually occurs before sleeping.

The researcher provides education that this is normal as pregnancy progresses because the fetus's head has begun to enter the pelvic inlet, exerting pressure on the mother's bladder. The solution to this problem is to advise the mother to urinate promptly, increase water intake during the day, not reduce drinking at night if it does not disturb the mother's rest, and decrease consumption of coffee, tea, and cola-containing caffeine as they may stimulate the urge to urinate. The mother understands what the researcher communicated.

Discussion

The first care was conducted on Tuesday, with a home visit to the respondent on January 24, 2023. The respondent was very happy about the pregnancy granted to her after a year. This resulted in the respondent feeling no complaints and enjoying her pregnancy. From all the examination results obtained, the respondent experienced no problems, and both the mother and fetus were in good condition.

During pregnancy, a feeling of happiness will arise that increases the spirit and hormones of the pregnant mother, making her feel neither complaints nor discomfort.

Other research also indicates that a pregnant mother's calmness and happiness can affect the health of both her and the baby she is carrying.

The expression of positive feelings heard by the fetus in the womb can build self-confidence in the future. As much as possible, pregnant mothers should avoid stress and pressure to ensure a calmer experience during pregnancy.

The care provided to the mother includes recommended foods for pregnant mothers, which include lean meats, fish, eggs, tofu, tempeh, milk, broccoli, dark leafy vegetables, legumes, fruits, and seafood such as shrimp. Meanwhile, foods that pregnant mothers should avoid are raw or undercooked foods, fish containing mercury such as shark and marlin, and beverages containing caffeine from coffee and tannins from tea, cola, and other soft drinks.

Water is the best source of fluids and functions to aid digestion, eliminate toxins, contribute to cell and blood composition, regulate the body's acid-base balance, and maintain body temperature. The need for water during pregnancy increases to support fetus circulation, amniotic fluid production, and increased blood volume. Pregnant mothers require a drinking water intake of about 2-3 Liters daily (8-12 glasses daily).

Subsequently, counseling was provided regarding the benefits of iron for pregnant mothers, which include preventing iron deficiency and not just increasing haemoglobin levels. Iron tablets should be taken regularly once a day, with a total of 90 tablets during pregnancy. Iron tablets should ideally not be taken with tea or coffee because it can interfere with absorption.

Pregnant mothers are strongly advised to get enough rest, according to the theory that they should strive for a minimum of 7-8 hours of rest at night and 1-2 hours during the day (10). Counselling about discomforts in the third trimester of pregnancy that have been conveyed according to this theory includes frequent urination, leg cramps, headaches, and swelling of the legs (11).

Conclusion

Based on the maternity care for pregnant women in Gampong Lampreh Lamteungoh, Ingin Jaya, The district of Aceh Besar, which was conducted three times, the following conclusions can be drawn:

1. The first care was conducted on January 24, 2023. After data collection, it was found that the mother had no complaints, and examination results were normal. Therefore,

the data analysis showed G1PoAo at 27 weeks of pregnancy, with the condition of both mother and fetus being good. Midwifery care was provided to the happy mother, who understood what was communicated and would strive to implement it.

2. The second care was conducted on February 24, 2023. After data collection, the mother complained of frequent urination at night, and all examination results were within normal limits. Thus, the data analysis showed the mother as G1PoAo at 31 weeks of pregnancy, with the conditions of both mother and fetus being good. Midwifery care was provided to the mother regarding the causes and ways to address her complaints, including teaching her pregnancy exercises.

3. The third care was conducted on March 24, 2023. After data collection, the mother had no complaints, and examination results were within normal limits. Therefore, the data analysis showed G1PoAo at 35 weeks of pregnancy, with the condition of both mother and fetus being good. Midwifery care was provided to the mother, who was very enthusiastic about the care and cooperatively asked questions; she understood what was communicated and would strive to implement it.

Ethics approval

The pregnant mother and witness signed an informed consent before care was provided.

Conflict of interests

The research team states that there are no conflicts of interest related to this study.

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