



Case Report

MIDWIFERY CARE OF PREGNANCY: Mrs. H IN BLANG KRUENG VILLAGE, BAITUSSALAM DISTRICT, ACEH BESAR REGENCY IN 2025

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Abstract

The Maternal Mortality Rate (MMR) is a primary indicator for assessing the level of public health. The high MMR indicates the low quality of health services and the lack of awareness of mothers regarding the importance of pregnancy check-ups. One of the strategic efforts in reducing MMR is through the provision of high-quality and standardized midwifery care during pregnancy. The purpose of this case report is to carry out midwifery care for pregnancy on Mrs. H in Blang Krueng Village, Baitussalam District, Aceh Besar Regency, and document it in the form of SOAP. The first care was carried out on February 14, 2025. The results of the assessment showed that the general condition of the mother was good, 29 weeks of pregnancy, with complaints of swollen feet when standing for a long time and frequent urination at night. The physical examination and anamnesis yielded expected results. The care provided included education regarding the causes and treatment of complaints, third-trimester discomfort, signs of pregnancy danger, and high-risk pregnancy. The subject understood and accepted the explanation given and was willing to follow the recommendations. Subsequent visits will be conducted according to the pregnancy development schedule to monitor and provide appropriate follow-up care, supporting a healthy pregnancy.

Keywords: Midwifery care, Pregnancy, Baitussalam, Aceh Besar

Introduction

Maternal Mortality Rate (MMR) is the number of maternal deaths that occur during pregnancy, childbirth, and postpartum due to complications related to pregnancy, birth, and postpartum, but not due to other causes such as accidents or falls. MMR can also reflect maternal health, nutritional status, environmental conditions, level of healthy lifestyle, quality of health services during childbirth and postpartum, and the socio-economic conditions of the community (1). According to the World Health Organization (WHO) in 2020, it was reported that there were around 287,000 maternal deaths in the world. This figure remains high, equivalent to

approximately 800 deaths per day, or one every two minutes, worldwide (2).

The African region is still the region with the highest MMR over the past two decades, although there has been an average decrease of 2%. The Southeast Asia region experienced the sharpest decline, with a 1.5% decrease from 372 deaths to 117 deaths per 100,000 live births in 2020. Increases in MMR were seen in the Americas, Europe, and the Western Pacific between 2016 and 2020. However, the MMR rate remained below 80 deaths per 100,000 live births in all three regions (2).

The Maternal Mortality Rate (MMR) in Indonesia is still the highest in Southeast Asia.

It is far from the global target of the Sustainable Development Goals (SDGs) of 70 per 100,000 live births by 2030. The goal of the SDGs is to ensure healthy lives and promote well-being for all people at all stages of life. The number of maternal mortality rates in Indonesia in 2022 is still 305 per 100,000 live births, while the target for maternal mortality rates in Indonesia in 2024 is 183 per 100,000 live births, so maternal mortality rates are still relatively high. To reduce maternal mortality rates to 183 per 100,000 live births (LBR) in 2024 and less than 70 per 100,000 LBR in 2030 requires more strategic and comprehensive efforts, because to achieve the target of maternal mortality rates of 183 per 100,000 LBR in 2024, at least a 5.5% decrease in maternal mortality per year is required (3)

Coverage of maternal health services K4 in Indonesia in 2023 is 85.6%. Maternal health services (K4) nationally are 85.6%, almost reaching the target of the National Medium-Term Development Plan (RJPMN) of 90%. Six provinces have achieved the RPJMN target of 90%, namely the highest province of DKI Jakarta, 110.1%, followed by West Java, 94.8% and Lampung, 93.0%. Maternal health services (K6) in 2023 in Indonesia are 74.4% with the highest provinces being DKI Jakarta Province at 94.8%, Banten at 86.1%, and Riau Islands at 83.3% (4)

The Maternal Mortality Rate (MMR) of Aceh Province in 2018-2022 fluctuated, but in 2022 it decreased compared to 2021, which was 141 per 100,000 Live Births. Based on reported data, the highest MMR in 2022 occurred in East Aceh Regency with 14 maternal deaths, and the lowest in Sabang City, with no maternal deaths (5)

The coverage of K4 in Aceh Province is 78.34% and the coverage of K6 is 53.7% (6). Meanwhile, in Aceh Besar Regency, the coverage of maternal health services for K4 is 81.8%. The coverage of K1 and K4 at the Baitussalam Health Center is 90.87% and 60.30%, which is still below the target of 100%.

(6) Over the past 8 years, the number of maternal deaths in Aceh Besar Regency has fluctuated. In 2014, there was a decrease, and in 2022, there was an increase again, namely 11 deaths, including six pregnant women, one mother in labor, and four postpartum women. The causes of maternal death are bleeding, hypertension, and infection. Maternal deaths occurred in hospitals 77%, at home 15.6%, on

the way to the hospital/health facility 4.1%, and 2.5% in other health service facilities (6).

The trend of maternal mortality in Aceh Besar district in 2022 is 165 / 100,000 per Live Birth. The increasing maternal mortality rate requires special attention through improving health services in health facilities (health centers), as well as referral facilities (RSUD), so that it will reduce maternal mortality (6). Efforts to accelerate the reduction of maternal mortality are carried out by ensuring that every mother can access quality health services, such as maternal health services, delivery assistance by trained health workers in health care facilities, post-natal care for mothers and babies, special care and referrals in case of complications, and family planning services including post-natal family planning (7).

Health services for pregnant women are antenatal services according to standards (10T) at least six times during pregnancy, one examination by a doctor in the first trimester up to 12 weeks of age, 2 times in the second trimester >12 weeks to 24 weeks and 3 times in the third trimester >24 weeks to 42 weeks (one of which is carried out by a doctor) (4).

Midwives as health workers have an essential role in reducing the maternal mortality rate by improving the quality of health services, especially in terms of pregnancy check-ups. Awareness of the importance of pregnancy check-ups must always be instilled in pregnant women so that they can have a safe and healthy pregnancy. Providing quality pregnancy care can help prevent the maternal mortality rate (7). The purpose of this midwifery care is to provide midwifery care for pregnancy in NY. H in Blang Krueng Village, Baitussalam District, Aceh Besar Regency, and document it in the form of SOAP.

Case

This case report was made on Friday, February 14, 2025, at 14.00 WIB and located in Blang Krueng, Baitussalam District, Aceh Besar Regency. The subject is Mrs. H, a 37-year-old woman who lives in Blang Krueng Village, Baitussalam District, Aceh Besar Regency. The subjective data obtained is that this is the sixth pregnancy and has had one miscarriage. The mother complained of swollen feet if standing too long and often urinated at night with a frequency of 3-4 times. The mother said she had no history of systemic diseases or hereditary diseases. The first day of

the mother's last menstruation was July 18, 2024

Objective data from the examination results are: General condition Good, Composmentis awareness. Anthropometric examination results: Height: 150 cm, Weight: 80 kg (before pregnancy: 77 kg), BMI: 34.2, upper arm circumference (LILA): 30 cm, estimated date of delivery (TTP): April 25, 2025. Vital sign examination results: BP: 110/71 mmHg, pulse: 85 x / minute, respiration: 20x / minute, and Temperature: 36.5 °C. Physical examination results: Eyes: Red conjunctivae and sclera are not icteric. There is no swelling of the thyroid gland in the neck—breast examination: Prominent papillae, blackened areola, and no milk production. There are no surgical scars on the abdomen. Palpation results: TFU: 27 cm and four fingers above the center, the fetus's back is on the left side of the mother's abdomen, the lowest part of the fetus feels round, hard, and bouncy (head), and the fetus has not entered the PAP (convergent). Fetal weight (FWW): 2,325 grams. Auscultation results: FHR: 150x/minute and no contractions. Genital examination: no swelling in the Bartholin's glands and Skene's glands. Extremity examination results: no edema and varicose veins in both legs. Patellar reflex: right (+), left (+). The assessment results, based on both subjective and objective data, indicate that pregnant women with a history of obstetric G6P4A1, at a gestational age of 29 weeks, have a generally good condition of both the mother and fetus.

The planning and management of this case include: 1) Informing the mother that her pregnancy is normal, with a current gestational age of 29 weeks. 2). Inform the mother that the complaint she is experiencing is normal due to the enlargement of the uterus pressing on the Bladder, causing the mother to urinate frequently and can be overcome by the mother drinking more in the morning and afternoon and limiting drinking water at night, and urinating before going to bed. Furthermore, tell the mother how to overcome swelling in the feet, namely encouraging the mother to stretch both legs when resting, namely placing the position of the feet slightly higher than the head, the mother can also soak both feet in warm water to improve blood circulation and is expected to reduce excessive salt consumption. 3). Inform the mother that the mother's nutritional status is obese. The recommended weight gain according to BMI for obese nutritional status is 5-9 kg during

pregnancy and 0.25 kg per week. Currently, weight has increased by 3 kg during pregnancy so the mother needs to limit excessive calorie consumption. 4). Encourage the mother to get enough rest for 1-2 hours during the day and 7-8 hours at night. 5) Provide counseling to mothers about the discomforts of third trimester pregnancy, such as Frequent Urination (BAK), aches, cramps, leg pain, edema, and lower back pain. 6). Provide counseling about the danger signs of third trimester pregnancy such as vaginal bleeding, severe headaches, blurred vision, swelling in the face and hands, reduced fetal movement and premature rupture of membranes. 7). Arrange a healthy diet by consuming balanced nutritious foods such as rice, fish, vegetables, eggs, tofu, tempeh, and fruit, and limit the consumption of foods or drinks containing high sugar and limit excessive carbohydrates. 8) Tell mothers to routinely consume one Fe tablet a day, which aims to prevent iron deficiency, and how to take Fe tablets should not be taken with coffee or tea, but should be taken with water. 9) Provide counseling about high-risk pregnancies during pregnancy. 10). Advise mothers to immediately go to a health facility if there are complaints and danger signs.

After providing education, the researcher evaluated the mother's understanding of what had been conveyed. The results of the evaluation showed that the mother could repeat what had been transferred during the care, and the mother understood the explanation. An assessment of the midwifery care that had been carried out was conducted on Friday, February 21, 2025, at 08:30 WIB at the mother's house. The mother was no longer worried about the swollen feet she felt and frequent urination at night, because she understood that this was normal. The mother had started eating tofu, tempeh, eggs, meat, vegetables, and fruit, and had limited excessive carbohydrate consumption. The mother understood what the researcher had said.

Discussion

A healthy pregnancy requires both physical and mental preparation; therefore, pregnancy planning should be done before conception. A well-planned pregnancy process will have a positive impact on the condition of the fetus, and the physical and psychological adaptation of the mother to pregnancy will be better. Things that need to be prepared for pregnancy include regulating the nutrition of

pregnant women. Good nutrition also plays a crucial role in the formation of healthy sperm and eggs. Good nutrition plays an essential role in preventing anemia during pregnancy, as well as complications such as bleeding, infection, and congenital abnormalities (8). Complaints felt by the mother, namely swollen feet and frequent urination at night, are discomforts during the third trimester of pregnancy. Swollen feet are caused by the uterus, which is getting bigger, so that it affects the circulation of fluids, and fluid retention increases. While frequent urination at night is caused by the uterus, which is getting bigger as the pregnancy progresses, this causes pressure on the bladder.

In terms of the theory to overcome the discomfort of swollen feet that mothers feel, the author recommends straightening both legs when resting, namely placing the position of the feet higher than the head, avoiding activities that are too heavy and reducing excessive salt 9. Furthermore, the author provides a way to overcome frequent urination at night, namely by drinking more during the day, limiting drinking at night and urinating before going to bed (9).

The counseling provided is regarding BMI in pregnant women. It can be said that the obesity BMI category is 34.2 kg/m². Based on the recommended increase in BMI, obesity is 5-9 kg. Excessive weight gain needs to be avoided because it can increase the risk of various complications such as hypertension, gestational diabetes, preeclampsia, and cesarean delivery. In addition, babies born to mothers with excess weight have a higher risk of obesity and type 2 diabetes in the future (10).

The next counseling provided regarding the benefits of iron for pregnant women is to prevent iron deficiency in pregnant women, not to increase hemoglobin levels. Fe tablets are taken routinely once a day, given as many as 90 tablets during pregnancy. Iron tablets should not be taken with tea or coffee because they can interfere with absorption (11). Pregnant women are also highly recommended to get enough rest, according to the theory that pregnant women should try to get enough rest for at least 7-8 hours at night and 1-2 hours during the day (9).

The next counseling is to provide counseling about high-risk pregnancies for mothers, according to the theory. High-risk pregnancies or obstetric complications in pregnancy are conditions that can threaten the safety of the mother and baby both during

pregnancy and childbirth. Causes of high risk in pregnant women include age <20 years or >35 years, more than four children, history of miscarriage, birth spacing of less than 2 years, height <145cm, having a family history of diseases such as hypertension, diabetes, body shape abnormalities and spinal or pelvic abnormalities which are one of the cases of high risk factors with the risk of maternal and infant death (12). During this care, the mother pays close attention and is always ready to ask questions about anything she doesn't understand regarding pregnancy (8).

Conclusion

The first care was carried out on February 14, 2025. After data collection was carried out, it was found that the mother complained of swollen feet and frequent urination at night. The results of the examination were within normal limits. So the data analysis obtained G6P4A1 gestational age 29 weeks, the general condition of the mother and fetus was good and the mother had been given care regarding the causes and how to overcome the mother's complaints, providing counseling on nutritional status in pregnant women, discomfort in the third trimester of pregnancy, signs of danger in pregnancy in the third trimester, high-risk pregnancy in pregnancy, telling the mother to consume one Fe tablet a day routinely, and the mother was happy and understood what was conveyed so that she wanted to try to do it. The second care was carried out on February 21, 2025. After data collection, the mother complained of feeling a little tired, and all examination results were within normal limits. So the data analysis obtained mother G6P4A1 gestational age 30 weeks 3 days, the condition of the mother and fetus was good and the mother had been given care regarding how to overcome the mother's complaints, in addition to teaching the mother pregnancy exercises to reduce the complaints felt and providing counseling on the needs of pregnant women,

The third care was carried out on February 28, 2025. After data collection, the mother reported no complaints, and all examination results were expected. The results of the mother's data analysis: obstetric history G6P4A1, gestational age 31 weeks 4 days, the general condition of the mother and fetus is good. The mother has been given counseling on signs of labor, preparation for labor, postpartum family planning, and deep

breathing relaxation techniques to prepare for labor.

Ethics approval

Pregnant women and witnesses (midwife in the village) sign informed consent before care is provided.

Conflict of interest

There is no conflict of interest in this research

Acknowledgments

The research team would like to express their gratitude to the subjects and midwives in Blang Krueng, sub- district Baitussalam , who have contributed and assisted in carrying out this research

Funding

This research is independent, and does not receive any financial assistance from any institution.

Authors' Contribution

1st : Prepare research proposals, conduct research, complete final reports, prepare manuscript for publication and submit to journal

2nd : Guide the preparation of proposals and final reports, supervise the provision of care in the field, translate the manuscript to English dan revision the article

3rd Guide the preparation of proposals and final reports, and supervise the provision of care in the field

References

1. Dinas Kesehatan Aceh. Profil Kesehatan Aceh 2021. Aceh, Dinas Kesehat. Published online 2021:1–193.
2. World Health Organization. World health sWORLD HEALTH ORGANIZATION - World health statistics 2024. ISBN 9789240094703. tatistics 2024.; 2024.
3. Permenkes. Peraturan Menteri Kesehatan Republik Indonesia. Kd 15.; 2020. https://books.google.co.id/books?id=5ppdDwAAQBAJ&newbks=1&newbks_redir=0&printsec=frontcover&dq=Asuhan+kebidanan+persalinan&hl=id&source=gb_mobile_entity&redir_esc=y#v=onepage&q=Asuhan kebidanan persalinan&f=false
4. Kemenkes R. Buku kesehatan ibu dan anak.; 2023.
5. Dinas Kesehatan Provinsi Aceh. Profil Kesehatan Aceh 2022. Dinas Kesehatan Aceh; 2023.
6. Dinas Kesehatan Kabupaten Aceh Besar. Profil Kesehatan KabupatenAceh Besar. Published online 2023. https://dinkes.acehbesarkab.go.id/media/2024.07/profil_dinkes_kab_aceh_besar_20231.pdf
7. Kemenkes RI. Buku Saku Merencanakan Kehamilan Sehat.; 2021.
8. Fitriani D. Buku Ajar Asuhan Kehamilan DIII Kebidanan Jilid II. (Tim MCU Group, toim). Mahakarya Citra Utama; 2023. https://books.google.co.id/books?id=f3atEAAAQBAJ&newbks=0&printsec=frontcover&pg=PA41&dq=kebutuhan+ibu+hamil,+kebutuhan+fisik+dan+psikologis&hl=id&source=newbks_fb&redir_esc=y#v=onepage&q=kebutuhan ibu hamil%2C kebutuhan fisik dan psikologis&f=false
9. Nugrawati N. Buku Ajar Asuhan Kebidanan Pada Kehamilan. (Abdul, toim). Penerbit Adat; 2021.
10. Deswita. Antenatal Care (Dengan Pendekatan Edukatif pada ibu hamil untuk pencegahan stunting). Uwais Inspirasi Indonesia; 2024. https://books.google.co.id/books?id=C6w8EQAAQBAJ&newbks=1&newbks_redir=0&printsec=frontcover&pg=PA39&dq=Rekomendasi+penambahan+berat+badan+s esuai+imt+ibu+hamil&hl=id&source=gb_mobile_entity&redir_esc=y#v=onepage&q=Rekomendasi penambahan berat badan sesuai
11. Lingga R. Asuhan Keperawatan Ibu Hamil. (Panjaitan DMMJ, toim). Selat Media Partners; 2024. https://books.google.co.id/books?id=7KErEQAAQBAJ&newbks=1&newbks_redir=0&printsec=frontcover&pg=PA79&dq=tfu+i bu+hamil&hl=id&source=gb_mobile_entity&redir_esc=y#v=onepage&q=tfu ibu hamil&f=false
12. Bayuana A, Anjani AD, Nurul DL, et al. Komplikasi Pada Kehamilan, Persalinan, Nifas dan Bayi Baru Lahir: Literature Review. J Wacana Kesehat. 2023;8(1):26. doi:10.52822/jwk.v8i1.517