



## Case Report

### MIDWIFERY CARE FOR PREGNANCY FOR MRS. P IN MT VILLAGE, SUB-DISTRICT INGIN JAYA, THE DISTRICT OF ACEH BESAR IN 2025

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#### ABSTRACT

Maternal health during pregnancy is crucial because it significantly impacts the unborn fetus. This health is a comprehensive measure encompassing the mother's physical, psychological, social, and spiritual well-being. The maternal mortality rate (MMR) is a key indicator of public health. The high MMR indicates the low quality of healthcare services and a lack of maternal awareness of the importance of prenatal care. One strategic effort to reduce MMR is to provide high-quality, standardized midwifery care.

The purpose of this case report is to document the midwifery care provided to Mrs. P in MT Village, Ingin Jaya District, Aceh Besar Regency, in the form of a SOAP (Social Assessment). The first visit was conducted on March 26, 2024. The assessment revealed the mother's general condition to be good, with a gestational age of 34 weeks, and complaints of anxiety about labor. A physical examination and history revealed the mother and fetus to be in good condition. The care provided includes education on preparing for childbirth, providing emotional support, explaining labor and delivery to address anxiety and complaints, third-trimester discomfort, and warning signs of pregnancy. The mother teaches prenatal exercises, educates about breast care, and explains the signs of labor. The mother understands and accepts the explanations and is willing to follow the recommendations.

**Keywords:** Midwifery care, Pregnancy, sub-district Ingin Jaya, The district of Aceh Besar

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#### INTRODUCTION

Maternal health during pregnancy is crucial because it significantly impacts the unborn child. This health encompasses comprehensive health, encompassing the mother's physical, psychological, social, and spiritual well-being.<sup>1</sup> Pregnancy is a crucial period, as it is the nine months of fetal growth and development. However, not all

pregnancies will show typical signs. Pregnant women can experience serious complications during their pregnancies.<sup>2</sup> Most maternal deaths are caused by infections, cardiovascular problems, eclampsia, hemorrhage, and diseases categorized as other causes.<sup>3</sup> According to the World Health Organization (WHO), preventing unwanted pregnancies is crucial to

prevent maternal deaths. Globally, 287,000 women die after pregnancy and childbirth.<sup>4</sup> According to the WHO, in 2023, the maternal mortality rate in ASEAN countries was highest in Laos, at 470 per 100,000 live births, and lowest in Singapore, at 3 per 100,000 live births.<sup>5</sup>

In 2024, the maternal mortality rate in Indonesia was 183 per 100,000 live births, far from the SDGs target of 70 maternal deaths per 100,000 live births by 2030.<sup>6</sup> The maternal mortality rate in Aceh Province in 2023 was 132 per 100,000 live births. The maternal mortality rate in Aceh Besar Regency was 11 maternal deaths, consisting of <sup>6</sup> pregnant women, one woman giving birth, and four postpartum women.<sup>7</sup>

The government's strategy and efforts to improve appropriate and relevant care standards include requiring pregnant women to visit a health worker up to six times and receive standard antenatal care (ANC) 14 times. This is one of the early prevention efforts aimed at reducing risk factors for pregnancy. Antenatal care is a necessary series of examinations for pregnant women. Pregnant women who do not receive antenatal care will be at risk of death and complications. Antenatal care can detect possible complications that can occur during pregnancy, both infectious and non-infectious diseases, such as diabetes mellitus, gestational anemia, urinary tract infections,

hypertension, preeclampsia, and delayed fetal growth.<sup>8</sup>

Efforts to improve the coverage and quality of maternal health services by enhancing the active role of families and communities in safe pregnancy management, including the P4K (Prenatal Care and Health) guidelines with stickers, are one way to anticipate various issues related to maternal mortality.<sup>9</sup> Furthermore, the maternity waiting home (RTK) program serves an equally important function as a temporary shelter for mothers until delivery. Maternity waiting homes can assist mothers regardless of distance, economic circumstances, maternal age, and family income.<sup>10</sup>

Based on the issues outlined above, the research team, which also included midwives, was interested in providing care to pregnant women. Through a qualitative approach, midwifery care is provided in accordance with service standards at least 3 times to monitor the mother's and fetus's health throughout pregnancy and detect risks early.

The purpose of this case report is to provide midwifery care for a 34-week pregnant woman in MT Village, sub-district Ingin Jaya, the district of Aceh Besar, using a midwifery care approach and management, and to document it using the SOAP method (midwifery care documentation).

## CASE

This case report was made on Wednesday, March 26, 2025, at 11:30

a.m. WIB and took place at the subject's house in MT village, Ingin Jaya District, Aceh Besar Regency. The subject, Mrs. P, is 21 years old. Subjective data: this is her first pregnancy, and she has never had a miscarriage. Mrs. P is pleased about her pregnancy, but also anxious about her delivery. She stated that she has no history of systemic or hereditary diseases. The first day of her last menstruation was July 31, 2024.

Objective data from the examination results are: Good general condition, Composmentis awareness. Anthropometric examination results: height: 151cm, weight: 75 kg (before pregnancy: 65 kg), MUAC: 29 cm, hemoglobin: 11.6 g/L, blood type/rhesus: O/+, urine protein (-), estimated date of delivery: April 7, 2025. Vital sign examination results: BP: 110/70 mmHg, pulse: 80 x/minute, respiration: 25x/minute, and temperature: 36.5 °C.

Physical examination results: eyes: red conjunctiva and sclera are not icteric. No thyroid gland swelling in the neck. Breasts: Protruding papillae, darkened areola, and no milk secretion. No surgical scars on the abdomen. Palpation results: Uterine fundal height: 29 cm (3 fingers above the navel). The fetus's back is on the mother's left, the lowest part of the fetus feels round, complex, and bouncy (head), and the fetus has not entered the pelvic inlet (convergent). Estimated fetal weight (EFW): 2,450 grams. Auscultation

results: fetal heart rate (FHR): 136x/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 (+) and left (+). Mother received the third tetanus immunization. Assessment results based on subjective and objective data indicate that the first pregnant mother, who never gave birth and never miscarried (G1PoAo), gestational age 34 weeks, and the condition of the mother and fetus is good.

The planning and management of this case are as follows:

- 1) Inform the mother of the examination results that she has entered 34 weeks of pregnancy. Both mother and fetus are in good condition.
- 2) Encourage mothers to consume nutritious foods that contain lots of protein, carbohydrates, fat, vitamins & minerals, and iron.
- 3) Educate mothers to exercise in the morning, such as walking in the yard.
- 4) Encourage mothers to get enough rest for 1-2 hours during the day and 7-8 hours at night.
- 5) Inform mothers to consume 180 Fe tablets during pregnancy regularly and take one tablet a day, which aims to prevent iron deficiency in pregnant women. Fe tablets should not be taken with coffee or tea, but should be taken with water.

- 6) Encourage mothers to drink eight glasses of water per day.
- 7) Inform mothers to maintain personal hygiene by bathing twice a day, brushing their teeth before bed and after meals, and changing underwear regularly.
- 8) Encourage mothers to go to a health facility if they have complaints immediately.
- 9) Provide counseling about high-risk pregnancies.
- 10) Inform mothers about the discomforts of the third trimester, namely: difficulty sleeping, excessive anxiety, uncontrolled appetite, breast pain, cramps, and swelling in the legs.
- 11) Advise mothers to immediately go to a health facility if there are complaints and signs of danger during pregnancy, such as bleeding from the birth canal, reduced fetal movement, water coming out of the birth canal, excessive headaches, high fever, and heartburn.

After providing education, the midwife evaluated the mother's understanding of the information conveyed. The evaluation results showed that the mother could repeat what had been expressed during care and that she understood the explanation. The evaluation of the midwifery care implemented was conducted on Friday, April 10, 2025, at 08.00 WIB at the mother's home. The mother was no longer anxious about her

delivery after receiving education about childbirth preparation and support from the midwife and her family. The mother understood what the midwife had conveyed well.

## DISCUSSION

Management in this case is provided according to the pregnant woman's nutritional needs. Nutritional needs during pregnancy include an increase in calories by 30 grams per day, from 2,000 kcal before pregnancy to 2,300 kcal per day. Protein needs are increased by 30 grams per day from pre-pregnancy needs.<sup>11</sup> Pregnancy is a critical period where maternal nutrition is crucial and affects the health of the fetus. Pregnant women must not only meet their own nutritional needs but also meet the nutritional needs of their unborn fetus.<sup>12</sup>

Iron supplementation, including iron tablets, is one strategy for managing anemia. Iron tablets help increase haemoglobin levels in pregnant women. Iron also plays a role in fetal growth. During pregnancy, iron intake must be increased because blood volume continues to expand, enabling the mother to supply the fetus with nutrients and oxygen that require more iron. Iron is also essential for the fetus's brain development and growth. Iron can also aid in the healing of wounds caused by childbirth.<sup>13</sup>

Personal hygiene is crucial for pregnant women, as it can reduce the

risk of infections caused by dirty bodies or germs. Pregnancy is a process, so it requires close attention to personal hygiene to minimize negative impacts, especially on genital hygiene.<sup>14</sup>

Furthermore, another fundamental human need is sleep. Rest is crucial for the brain and body to repair themselves. Therefore, a lack of sleep can affect the mother's mental state during pregnancy. During sleep, the body's functions slow, allowing healing cells to repair damaged ones. Sleep needs vary from person to person, including pregnant women. Pregnant women who sleep less than 5 hours per day are at risk of increased blood pressure, which can lead to hypertension.<sup>15</sup>

Anxiety is a manifestation of negative emotions that cause worry about changes in the mother during pregnancy, fetal development, the upcoming birth process, problems in psychological preparation, and many other things. However, anxiety experienced by mothers in the third trimester is normal.<sup>16</sup>

Midwives provide counselling on discomforts during the third trimester of pregnancy. This is done so that pregnant women understand the discomforts of pregnancy and how to manage them. Discomfort in pregnancy is physiological. Physically, mothers may experience leg cramps, difficulty sleeping, breast tenderness, and foot swelling. Efforts that can be taken include counselling on how to manage

these symptoms, as well as prevention through pregnancy exercises and calcium supplementation to reduce discomfort during pregnancy.<sup>18</sup>

Then, mothers are taught about prenatal exercises. Prenatal exercises can help reduce discomfort during pregnancy and prepare mothers for childbirth. Benefits of prenatal exercises include easing labor, improving breathing, strengthening abdominal muscles, toning pelvic and thigh muscles, relaxing the body, and relieving aches and pains.<sup>19</sup>

Next, counselling is provided on third-trimester danger signs. This topic should be addressed so mothers can be vigilant. Third-trimester danger signs include several conditions, such as decreased fetal movement, vaginal bleeding, and premature rupture of membranes. Understanding these danger signs is crucial so mothers can seek help promptly and receive prompt and appropriate medical treatment.<sup>20</sup>

Breast care is critical during pregnancy and into the breastfeeding period, as the breasts are the sole producers of breast milk, the primary food source for babies. Breast care during pregnancy aims to maintain nipple hygiene, making it easier for the baby to latch on, and to stimulate the mammary glands, resulting in increased milk production.<sup>21</sup>

Follow-up counselling regarding early initiation of breastfeeding (IMD) is a procedure aimed at supporting

mothers to initiate breastfeeding as quickly as possible after birth, ideally within less than an hour. Newborns should receive early initiation of breastfeeding (EIB) through skin-to-skin contact with their mothers. Some of the benefits of EIB for both mother and baby include creating a sense of calm and comfort for both mother and baby through skin-to-skin contact.<sup>22</sup>

Further counselling regarding postpartum family planning is provided. This is an essential step in spacing pregnancies, particularly during the postpartum period, which is 42 days after delivery. Postpartum family planning is crucial for preventing unwanted pregnancies. Short spacing can increase the risk of maternal morbidity and negatively impact the baby's health, including premature birth, low birth weight, and small-for-gestational-age babies.<sup>23</sup>

## CONCLUSION

Midwifery care was provided to a pregnant woman, Mrs. P, in MT Village, Sub-District Darul Imarah, The District of Aceh Besar, on March 26, 2025. The mother was 21 years old. The examination results showed that the mother was 34 weeks pregnant, with a history of pregnancy: it was the first pregnancy for the mother, who never given birth or miscarried (G1PoAo), and the condition of the mother and fetus is good. The estimated delivery date was April 7, 2025. The midwife provided counselling on nutritional needs during

pregnancy, including water, adequate rest, P4K, and signs of pregnancy danger. The mother understood what the midwife or researcher conveyed.

## ETHICS APPROVAL

Pregnant women and witnesses (health center midwives) sign informed consent forms before care is provided.

## CONFLICT OF INTERESTS

The research team declares that there is no conflict of interest in this research.

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