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Continuous Midwifery Care Ensures Safe Maternal and Neonatal Outcomes

Nela Akhmalia[1*], Nurul Azizah[2]

[1,2]Midwifery Professional Education Study Program, Universitas Muhammadiyah Sidoarjo, Indonesia

Email: akhmalianela2@gmail.com

Abstract. Midwives try to reduce MMR by providing continuous midwifery care (CoC) for pregnant women to postpartum women. Continuing care (COC) is midwifery care with a continuous service model for women during pregnancy to postpartum and family planning. The purpose of this study was to analyze midwifery care using the continuous care method in the independent practice of midwives. The design of this case study research uses a descriptive method, where Mrs. M was given midwifery care starting from the third trimester of pregnancy, childbirth, newborns, postpartum to family planning. Continuous midwifery care (CoC) for Mrs. M is standard midwifery care. The results of the study showed that after providing midwifery care to Mrs. M, it was found that the condition of the mother and baby was healthy or within normal limits, there were no complications until the implementation of care was completed. During the postpartum period, Kegel exercises were performed because Mrs. M was afraid that her vagina would not return to normal because heaching was not performed. Conclusion: Continuous midwifery care provided to the subject was in accordance with the applicable midwifery service standards.

Highlights:

1. Comprehensive Care: Midwifery services covered pregnancy to family planning.
2. Positive Outcomes: Mother and baby remained healthy without complications.
3. Standard Compliance: Care followed established midwifery service standards.

Keywords: Continue of Care, Midwifery, Service

Introduction

Efforts to reduce MMR WHO implements health workers to provide continuous or comprehensive services for mothers and babies or called Continuity of Care (CoC). One of them is the service provided by health workers, namely midwives or Midwife-led Continuity of Care (MLCC) (UNICEF, 2023). CoC midwifery care is provided from pregnancy to postpartum and family planning for mothers and babies. This care is

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intended to be able to monitor the condition of the mother and baby properly and in a focused manner[1].

According to WHO in 2018, one of the indicators of health for a nation is the assessment of maternal and infant health. The problem of maternal and infant mortality rates is caused by low knowledge about the importance of conducting pregnancy checks. Counseling for pregnant women about the importance of examinations in pregnant women and consultation with health workers from pregnancy to using contraception can minimize the risk of complications.[2]

The priority of health development in Indonesia is to improve the health of mothers and babies, one of these factors can be seen from the quality of reproductive health. Many efforts have been made by the government as designed in the 2013 healthy paradigm, namely prioritizing preventive and promotive activities that support curative and rehabilitative efforts. Women consider pregnancy to be an extraordinary event that greatly determines their future life.[3].

Pregnancy, childbirth, postpartum and newborn are normal events that occur in a woman. During pregnancy, conditions can occur that can threaten the lives of the mother and baby which can lead to death. Therefore, it is very necessary to make efforts to improve the quality of health services for mothers and children. In accordance with the Law of the Minister of Health Number 28 of 2017 Chapter 3 Article 18 which regulates that midwives are authorized to provide health services for the reproduction of mothers, children and women and family planning[2].

The quality of midwifery services is identical to competent midwives. Midwives are health workers who focus on women's services. Midwives also have a major influence on women's health and welfare. The form of midwife professionalism is very important to empower women, because along with the development of science and technology, it has an impact on the increasing needs of society for the development of optimal services for women.[4].

Based on the statements and data listed above, the author is interested in conducting a case study that aims to describe the management of midwifery care with complete information that has been carried out on Mrs. M at the Manduru Midwifery Practice Agustin Wulansari Sidoarjo.

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Methods

This case study of CoC midwifery care was taken using a descriptive method. The case review of this study is to describe the results of the assessment and management of midwifery care with the subject Mrs. M aged 30 years at the Independent Practice of Midwife Agustin Wulansari Sidoarjo. Mrs. M's marriage age is 6 years and this is her 2nd pregnancy. The history of the first pregnancy was spontaneous with a midwife and there were no complications during labor. The baby was born weighing 3200gr, PB 50cm, crying loudly and there were no congenital abnormalities.

Mrs. M's last menstrual history was on July 8, 2023. In this case study, a comprehensive, continuous and complementary midwifery care analysis approach was carried out consisting of five midwifery care services starting from pregnancy in the last trimester, childbirth, newborns, postpartum and family planning. Data were collected by conducting introduction, informed consent, anamnesis, pemfis focused on antenatal care, intranatal care, newborns and postpartum. Then the data was analyzed, managed and documented all findings, which were then compared between the data obtained and existing theories. The instrument used in this case study is the SOAP midwifery care format. The start time of this case study from pregnancy in the third trimester, namely April 9, 2024, which was then continued with midwifery care for mothers in labor, newborns, postpartum to family planning on May 25, 2024.

Result and Discussion

A. Research Result

Midwifery care carried out in the third trimester was carried out on April 10, 2024, Mrs. M made a repeat visit to PMB Agustin Wulansari and at that time there were no complaints. The results of the anamnesis showed that she had been married for 6 years, was Muslim, and had a bachelor's degree. The last menstrual history was on July 8, 2023 with an estimated delivery date of April 15, 2024. This pregnancy is the second pregnancy. Complaints experienced during pregnancy were back pain in the second trimester and frequent urination at night in the third trimester. Mrs. M's ANC history was 3 times in the first trimester, three times in the

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second trimester, and 6 times in the third trimester. Mrs. M felt that her fetal movements were very active, the appearance of these fetal movements was more than 8 times in the last 2 hours. Fetal movements were felt strongly in the upper left abdomen, no pain. There was no history of illness suffered by the family or Mrs. M before pregnancy and during pregnancy.

The examination results showed that the mother's general condition was good, weight before pregnancy 50 kg, current weight 62 kg, height 150 cm. TTV showed BP results of 110/70 mmHg, breathing 20 times / minute, pulse 80 times / minute, body temperature 36.8 C. on examination the breasts looked clean, the breasts were enlarged and the nipples protruded, colostrum had come out, there was no mass in the breasts. Obstetric examination found the abdomen enlarged longitudinally, fetal movement was visible, Leopold I felt the fetus' buttocks with a TFU 3 fingers below the PX. In Leopold II, a hard, elongated part (fetal back) was felt on the mother's left abdomen and a small part of the fetus was felt on the mother's right abdomen. Leopold III felt the head and had entered the upper pelvic inlet. Leopold IV was parallel, the mother's TFU was 32 cm, DJJ 148x / min using a doppler. The upper and lower extremities were not swollen and there was no pharyngeal.

In the supporting data obtained from the Candi Health Center, the results of complete blood and urine tests on February 2, 2024 were HB 12.5gr/dl, blood type O+, negative urine protein and albumin, HbsAG, HIV and syphilis non-reactive, random blood sugar 120mg/dl. The results of the USG examination on April 1, 2024 obtained BPD 9.21cm, single fetus, positive DJJ, head position, sufficient amniotic fluid, female gender, estimated fetal weight 3500 grams.

The analysis results showed GII-PIA0H1, gestational age 39-40 weeks, single fetus, alive, head has entered the pelvis, intrauterine, pelvis has been tested, general condition of the mother and fetus is good. Given oral therapy, namely Gestiamin once a day after meals and B1 3 times a day after meals, scheduled to make a return visit in 1 week, namely on April 17, 2024 or at any time if there are complaints.

Delivery care was carried out on April 15, 2024 at 07.00 WWIB. Mrs. M came with complaints of rapid labor and bloody mucus discharge since 04.00 in

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the morning. On physical examination, it was found that the general condition was good, blood pressure 110/70mmHg, RR 20 times/minute, pulse 80 times/minute, temperature 36.7c. An abdominal examination found the abdomen enlarged longitudinally, fetal movement was visible, Leopold I felt the fetal buttocks with a fundus height of 3 fingers below the PX. Leopold II felt a hard, elongated part (fetal back) on the mother's left abdomen and a small part of the fetus was felt in the mother's right abdomen. Leopold III felt the head and had entered the upper pelvic inlet. Leopold IV found divergent, head descent 2/5 TFU mother 32cm, DJJ 148x/min using a doppler. HIS 4 times with a duration of 40 seconds in 10 minutes, the intensity is strong. There is no swelling and pharyngeal in the mother's lower and upper extremities. On examination of the fetus (VT) found 5 cm dilation, eff 70%, intact amniotic fluid, presentation of the back of the head, small fontanel left front, H-II decrease, no small part palpable beside the lowest part of the fetus, infiltration 0.

From the results of the anamnesis and examination, the results showed that the gestational age was 40 weeks, the mother's and fetus' KU were healthy, entering the active phase of maximum dilation. The management carried out was to convey the results of the examination, provide midwifery care to the mother in labor, monitor the progress of labor, provide loving care for the mother, ensure fetal well-being and danger signs during labor, document and prepare equipment and medicines. At 10:00 WIB Mrs. M wanted to push, there were signs of symptoms of the second stage, the results of the TTV examination showed BP 100/70mmHg, RR 20 times/minute, pulse 80 times/minute, temperature 36.6c, DJJ 140 times/minute, HIS 5 times with a duration of 48 seconds in 10 minutes. Decrease 0/5, VT obtained 10cm opening, eff 100%, clear amniotic fluid, posterior head presentation, anterior UUK, H-IV, no small part palpable beside the lowest part of the fetus, no infiltration. The analysis obtained from the examination results is that Mrs. M entered the second stage of labor with maternal and fetal KU within normal limits.

The management provided was to carry out 60 steps of normal delivery (APN) and provide maternal love care. At 10.30 the baby was born spontaneously, female, Apgar score 7-8. The baby was treated and performed IMD. Providing

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active management of the third stage to Mrs. M and the results of the examination found BP 110/70mmHg, no multiple fetuses, good uterine contractions, given oxytocin injection then there were signs of placental separation. At 10.45 the placenta was born completely, no membranes and cotyledons were left behind, the mother's general condition was good, uterine contractions were strong, the cervix was empty, TFU was as high as fasting. Further action was taken by providing midwifery care in the fourth stage, giving painkillers, antibiotics, Vitamin A. observation of the fourth stage for 2 hours postpartum. The results of the examination of the fourth stage were within normal limits.

Midwifery care for newborns was carried out on April 15, 2024 at 11.00 WIB. The results of the examination showed that the general condition of the newborn was good. The temperature was 36.7C, RR 46 times / minute, pulse rate 138 times / minute, birth weight 3000 grams, body length 50 cm, head circumference 34 cm and chest circumference 32 cm. IMD was immediately performed, the skin color was reddish, there were no abnormalities or congenital defects. The analysis obtained from the results of the examination was a 0-day-old neonate with a general condition within normal limits. A vit-k injection was given in the first hour of birth 1 mg IM on the left anterolateral and eye ointment was given, the baby was bathed after 6 hours after birth, given exclusive breastfeeding and carried out observation and documentation.

Postpartum midwifery care was carried out on April 15, 2024 at 16.30 WIB. The mother complained of a little stomach cramps and was still a little weak. She had breastfed her baby once, urinated once, had eaten and had rested for a while. The results of the examination showed that the mother's general condition was good, TTV was within normal limits, breasts were clean and enlarged, colostrum was released a lot, nipples were protruding, there was no mass, and the consistency was elastic. Obstetric examination found a uterine fundus height of 2 fingers below the center, uterine contractions were good. Genitourinary examination found lochia rubra, the amount of blood was one full pad, there were no stitches, there was no edema, the bladder was empty, there was no swelling in the upper and lower extremities. The analysis obtained was P20002, 6 hours after delivery.

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The management carried out was to convey the results of the examination, provide counseling about the abdominal pain experienced by Mrs. M still with physiological complaints or still within normal limits, provide midwifery care to postpartum mothers including counseling on nutrition, mobilization, rest and sleep needs, danger signs for postpartum mothers and newborns, and how to breastfeed properly and correctly. Inform the mother that she is allowed to go home at 19.00 WIB if the condition of the mother and baby is good or all examinations show results within normal limits.

Family planning midwifery care was carried out on May 15, 2024 at 08.00 WIB. Mrs. M came to PMB Agustin Wulansari with a complaint of not knowing what kind of birth control to use. Mrs. M said she wanted to use a birth control that did not affect maternal hormones and breast milk production. The results of the examination showed BP 110/70mmHg, pulse 80 times/minute, RR 24 times/minute, temperature 36.7C. TFU was no longer palpable. Genitourinary examination showed little lochia Alba. The bladder was empty, the upper and lower extremities did not experience edema. The analysis obtained a new MAL KB acceptor candidate with a general condition within normal limits. The interventions carried out were to convey the results of the examination, provide IEC regarding the types of birth control that do not interfere with hormones and breast milk production, provide IEC about MAL KB along with the definition, how to use it, conditions that can be used, effectiveness, disadvantages and advantages and schedule a return visit.

B. Discussion

Based on the results of pregnancy examinations, it was found that ANC was carried out 3 times in the first trimester, 3 times in the second trimester and 6 times in the third trimester. This visit includes routine ANC visits according to ANC visit standards, in the results of the study that routine ANC is carried out at least 6 times.[5]. If no examination is performed on pregnant women, then the mother cannot know whether her pregnancy is progressing normally or not, high risks and pregnancy complications will not be detected early and can cause death of the mother and fetus.

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Based on the results of a complete blood and urine laboratory examination on February 1, 2024, it showed that the HB level was 12.5 mg/dl. According to an online journal article (Anon, 2020), the normal Hb value in the 3rd trimester of pregnancy is an average of 12.5 mg/dl. From here, the HB level in this case study is included in the normal category and there is no anemia. It is included in the category of anemia in pregnant women in the third trimester if the mother's HB level is less than 11 mg/dl[6]

In the delivery care, no perineal tears were found and no complications were found in the mother. There was no perineal rupture because the midwife tried to prevent the perineum from tearing. Prevention of perineal rupture is done by providing perineal massage to the mother during pregnancy. This is in accordance with the theory of caring for the mother which minimizes the occurrence of complications and the impact of pain that will be felt by the mother. The results of the study obtained that episiotomy is not a routine action[7]. Episiotomy is performed if there are indications of prolonged labor, fetal safety, breech presentation, vacuum, forceps extraction, stiff perineum, and premature pregnancy. In newborn care, it was found that the midwifery care given to Mrs. M was the provision of IMD[8].

According to an online journal article, about the association of IMD and neonatal death in babies weighing >2500 grams and low birth weight babies. IMD is one of the treatments for newborn babies. Neonates get their first colostrum during IMD, the content of colostrum can increase the baby's immune system, so it can reduce the risk of neonatal death. All neonates or newborns are advised to undergo IMD immediately after birth. However, there are certain conditions such as premature babies or unstable baby conditions that require IMD to be postponed.[1].

Complaints were found during midwifery care for postpartum mothers. At 6 hours after delivery, Mrs. M complained of a little cramping in her lower abdomen and a little weak. IEC was given to the mother regarding the origin of the pain experienced by the mother and the mother's slightly weak condition because she had spent a lot of energy during the labor process. The abdominal pain experienced by the mother was due to uterine contractions and the relaxation

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process that occurred continuously, this was still within normal limits because the uterus was in a process of returning to its original shape. If the uterus does not contract, there is a risk of bleeding during the postpartum period. The contractions experienced by the mother will last for 2 to 4 days after delivery and this is subjective[9]. Providing pain management interventions is an action to alleviate complaints experienced both pharmacologically and non-pharmacologically.

The weak condition of the mother after the labor process is due to the large amount of energy expended by the mother during the labor process and the lack of adequate rest for the mother. Inadequate nutritional needs for the mother during labor can also cause the mother's weak condition when labor is complete.[10]. in this comprehensive care, the midwife provides IEC to the mother about the importance of rest and sleep and meeting nutritional needs because it can affect breast milk production and healing of wounds in the uterus. Mothers who do not get enough rest can inhibit breast milk production.[11].

Rest is a basic need for everyone, especially postpartum mothers so that they can be active optimally. Many studies have proven that someone who has a bad rest pattern will produce less breast milk compared to mothers who have a good rest pattern. Likewise with maternal nutrition, although nutritional status is not related to the amount of breast milk production, HB levels and provision of pre-lacteral nutritional intake can affect breast milk reproduction sufficiently.[11]

In family planning midwifery services, IEC is provided through several methods that are safe for breastfeeding mothers. Mrs. M chose to use the LAM method at this time because she plans to provide exclusive breastfeeding. By using LAM, the mother's hormones will not be disturbed and breast milk production will also be good. This method is effective for newborns who are not given formula milk or any additional food. The Lactational Amenorrhea Method (LAM) is a contraceptive that can be used for mothers who provide exclusive breastfeeding for 6 full months and the baby is not given any food other than breast milk.[12]. According to WHO 2020, this method is effective up to 98% for mothers who breastfeed exclusively for 6 months after giving birth. Breast milk is very important for babies, in addition to getting optimal immunity, breast milk is also the best and most perfect nutrition for the growth and development of babies.[12].

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The Lactational Amenorrhea Method (LAM) is effective for breastfeeding mothers who have not had their period back after the postpartum period. If this method is done correctly, the mother will not have her period for up to 6 months.[13]. Therefore, an adequate breastfeeding process is needed to inhibit postpartum ovarian activity so that the mother breastfeeds during the infertile period. Exclusive breastfeeding can delay the ovarian cycle and menstruation. The addition of food and drink can reduce the frequency of breastfeeding and reduce the amount of breast milk that comes out. So with these conditions, the mother is at risk of experiencing menstruation, increasing the potential for menstruation to occur again.[14]. Therefore, it is necessary to provide sufficient knowledge to mothers about the importance of breastfeeding and how to provide breast milk and the correct duration and frequency when breastfeeding so that there is no risk of failure of the Lactation Amenorrhea Method (LAM) process.[15]

Conclusions

Case study on Mrs. M with comprehensive midwifery care or COC can be concluded that the care was carried out smoothly, the mother and baby were in healthy and normal conditions. Services provided during pregnancy, childbirth, newborns, postpartum, and family planning were carried out according to standards and theories.

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