Case Report

MIDWIFERY CARE FOR PREGNANT WOMEN, Mrs. F IN LAMPEUNEURUT VILLAGE, SUB-DISTRICT DARUL IMARAH, THE DISTRICT OF ACEH BESAR IN 2026

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Abstract

Introduction: Maternal Mortality Rate (MMR) remains a global health problem that is largely preventable through quality and continuous midwifery care. The main causes of maternal death in Indonesia include bleeding, preeclampsia/eclampsia, and infection, so that routine pregnancy monitoring through home visits is an important strategy in early detection of complications. This case report aims to provide midwifery care for Mrs. F and document it in midwifery documentation.

Method: Care was provided to Mrs. F, 40 years old, G2P1A0, with a history of cesarean section, through three visits at the patient's home. at a gestational age of 26 weeks 4 days to 30 weeks 4 days.

Result: Subjective data showed that the mother complained of fatigue, lower abdominal cramps accompanied by dizziness, and back pain. The results of the objective examination showed that the mother's general condition was good, with normal vital signs, and a transverse fetal position at 28 weeks 4 days of gestation, which returned to normal after knee and chest position exercises. The care provided included education on second- and third-trimester pregnancy discomforts, maternal nutrition, anemia prevention, knee-chest exercises, pregnancy danger signs, childbirth preparation, postpartum contraception, and Early Initiation of Breastfeeding (IMD).

Conclusion: The care results showed that the mother's and fetus's conditions remained within normal limits, and the mother understood all counseling provided.

Discussion: Comprehensive and continuous midwifery care through home visits is expected to support a healthy pregnancy and prevent complications.

Keywords: Midwifery care, Pregnant women, Lampeunerut village, The district of Aceh Besar

Introduction

Pregnancy is a physiological process that continues to require close monitoring and high-quality midwifery care, as the risk of complications can arise at any time and, if not optimally managed, can contribute to an increase in the Maternal Mortality Rate (MMR). [1].

Globally, approximately 800 women died every day in 2020 from largely preventable causes, meaning an average of one woman died every two minutes. [2]. Indonesia's MMR ranks third highest among ASEAN countries, with 189 cases per 100,000 live births. The government has set a target of reducing the MMR to 77 per 100,000 live births in the 2025–2029 National Medium-Term Development Plan (RPJMN), to achieve the SDG target of less than 70 per 100,000 live births by 2030. [3].

The main causes of maternal death in Indonesia include hemorrhage (28%), preeclampsia/eclampsia (24%), and infection (11%). This is exacerbated by late diagnosis and inadequate referral to health facilities. [4].

The maternal mortality rate in Aceh Province in 2022 was 141 per 100,000 live births. [5], while the maternal mortality rate in Aceh Besar Regency was 165 per 100,000 live births. [6]. The Aceh Government is strengthening efforts to reduce maternal and infant mortality through cross-sectoral collaboration focused on pregnancy screening, reproductive health education, and early detection of risk factors. [7].

Regulation of the Minister of Health of the Republic of Indonesia Number 6 of 2024 affirms that every pregnant woman has the right to receive standard antenatal care, including at least 6 examinations during pregnancy, laboratory tests, supplementation, immunization, and health counseling.[8] According to Regulation of the Minister of Health Number 21 of 2021, midwives have the authority and responsibility to provide uncomplicated pregnancy care, including comprehensive antenatal examinations, early detection of complications, counseling, health education, and timely referrals. [9]

The home visit approach to prenatal midwifery care has proven effective. A study concluded that third-trimester normal prenatal care implemented through home visits with midwifery documentation (SOAP) allows midwives to conduct physical examinations, monitor fetal well-being, and provide comprehensive education on danger signs, pregnancy discomforts, and labor preparation. This supports ongoing monitoring of the mother's condition and serves as an effective strategy for preventing early complications.[10]

Based on this background, the author provided prenatal midwifery care to Mrs. F in Lampeuneurut Village, Darul Imarah District, Aceh Besar Regency, to monitor the pregnancy and detect any risks early. The purpose of this case report is to provide prenatal midwifery care from the second to third trimester through home visits to Mrs. F and document the findings in the SOAP format.

Case

This midwifery care was provided to Mrs. F, 40 years old, in Lampeuneurut Village, Darul Imarah District, Aceh Besar Regency. Three visits were provided: March 18, 2026 (gestational age 26 weeks 4 days), April 1, 2026 (gestational age 28 weeks 4 days), and April 15, 2026 (gestational age 30 weeks 4 days).

Subjective Data (S): Mrs. F, 40 years old, is pregnant with her second child and has never had a miscarriage. She stated that her last pregnancy was 5 years apart. During the first midwifery care session, at 26 weeks 4 days of gestation, she complained of fatigue after doing household chores such as washing, sweeping, and cooking. During the second midwifery care session, at 28 weeks 4 days of gestation, she complained of lower abdominal cramps that disappeared after resting, accompanied by dizziness. During the third visit: At 30 weeks and 4 days of gestation, the mother stated that she had begun reducing strenuous activity and routinely performed the knee-chest position, but complained of back pain. She had no history of systemic illness. The first day of her last menstrual period was September 13, 2025.

Objective Data (O): Her general condition was good, and she was compos mentis. Vital signs revealed: blood pressure 90/70–100/70 mmHg, pulse 80–82 beats/minute, respiration 19–21 breaths/minute, and temperature 36.5–36.7°C. Her pre-pregnancy weight was 53 kg, increasing to 55 kg at the first visit, 55.5 kg at the second visit, and 57 kg at the third visit. Her height was 158 cm, her BMI was 21.2 (during the first visit), and her upper arm circumference was 30 cm.

Physical examination: Eyes, neck, breasts, and extremities were normal. Abdominal examination showed a cesarean section scar (+). The FFU continued to increase from 21 cm (care I) to 23 cm (care II), and 26 cm in care III. Leopold I showed normal changes, namely: aligned with the navel at the initial visit, three fingers above the navel at the second visit, and midway between the xiphoid process and navel at the third visit. Leopold II showed a left back at visits 1 and 3, but the head was palpable at visit 2. Leopold III showed a head at visits 1 and 3. Leopold IV felt convergent at all three visits. The FHR was good and stable: 130–138 beats/minute, and the estimated

fetal weight increased: 1,550 grams (visit I), 1,860 grams (visit II), and 2,170 grams (visit III).

Assessment (A): G2P1A0, gestational age 26–30 weeks, single intrauterine viviparous fetus, transverse lie, at 28 weeks 4 days, which returned to normal position at 30 weeks 4 days, accompanied by physiological discomforts of pregnancy such as fatigue, lower abdominal cramps, dizziness, and back pain.

Management (P):

a. Inform the mother that the physical examination and vital signs are normal (midwifery care I-III).

b. Explain that fatigue is normal in late pregnancy (over 35 years) and is influenced by physiological changes and household activities. Then, encourage the mother to reduce strenuous activity and gradually share household chores with her husband and other family members.

c. Encourage the mother to rest 7–8 hours per day, meet fluid requirements of 1–2 liters per day, and continue taking iron tablets once at night.

d. Provide IEC (Information and Communication) about what's on a pregnant woman's plate, second-trimester pregnancy discomforts, and second-trimester pregnancy danger signs (first visit).

e. Explain that lower abdominal cramps that resolve after rest and dizziness are physiological discomforts of the third trimester, which occur due to ligament stretching, uterine enlargement, and hormonal fluctuations. They also teach how to manage them through rest, comfortable positions, breathing relaxation, and warm compresses.

f. Teach the mother to do the knee-chest position regularly 4–5 times daily for 5–10 minutes to help the fetus return to its normal position.

g. Provide IEC (Information and Communication) on preventing anemia, discomfort, and danger signs of pregnancy in the third trimester (midwifery care II). h. Explain that back pain (midwifery care III) is caused by changes in posture, joint relaxation, and uterine enlargement. They also recommend maintaining good posture, avoiding prolonged standing/sitting, choosing a comfortable sleeping position, and applying warm compresses.

i. Provide IEC on childbirth preparation, postpartum contraception, and Early Initiation of Breastfeeding (IMD) in midwifery care III.

j. Evaluate the mother's understanding at each visit; the mother understands and is able to repeat the information provided.

Discussion

This midwifery care was provided to Mrs. F from 26 weeks 4 days to 30 weeks 4 days of gestation, through three home visits. Vital signs and other physical examinations were normal at each visit,

allowing for a G2P1A0 assessment with a normal pregnancy.

The mother's complaint of fatigue at the first visit requires a thorough assessment, given her advanced age, 40 years old, which is considered a high-risk pregnancy. Fluctuations in progesterone levels and physiological discomfort during pregnancy often contribute to fatigue. This condition is further complicated by the mother's living with her parent, who have had a stroke and limited mobility, adding to the mother's psychological burden and responsibilities. Physical complaints are a major cause of distress in caregivers, so it is highly recommended that family members support and support each other. [12].

The active role of a healthy father in helping care for a mother who has had a stroke, as well as the involvement of a husband in household chores, has been shown to have a positive impact on the comfort, self-confidence, mental readiness, and physical health of pregnant women. 13. Therefore, managing fatigue is achieved through adequate rest of 7–8 hours per day, reducing strenuous activity, managing stress, exercising lightly, maintaining adequate fluids, and maintaining a nutritious and balanced diet based on the principle of "fill my plate. [11].

Education regarding nutritional needs for pregnant women is provided through the principle of "fill my plate." This principle states that half the plate should contain staple foods and side dishes, with the portion of staple foods slightly larger than that of side dishes, and the other half should contain fruits and vegetables, with the portion of vegetables larger than that of fruit. Daily consumption should be limited to no more than 4 tablespoons of sugar, no more than 1 teaspoon of salt, and no more than 5 tablespoons of fat. [14].

This education aims to support optimal fetal growth, reduce fatigue, and help the mother gradually gain weight at a rate of 0.5 kg per week. [15].

At the second visit, complaints of lower abdominal cramps that disappeared after rest were physiological discomfort of the third trimester due to stretching of the ligaments and enlargement of the uterus as pregnancy progresses, which are generally harmless if mild and can be relieved by rest [11].

Management included rest when cramps appeared, finding a comfortable position, avoiding sudden movements, breathing relaxation techniques, and applying warm compresses to the lower abdomen. Complaints of dizziness that accompanied were caused by hormonal fluctuations, physical fatigue, and psychological stress and could be overcome with adequate rest, reducing

strenuous activity, and ensuring adequate nutrition and fluids [11].

Transverse lie findings at the second visit were addressed through knee-chest positioning exercises to help the fetus rotate back to its normal position. The knee-chest position is achieved by getting on all fours with both arms aligned with the shoulders, both knees aligned with the pelvis and slightly apart, the head placed between the hands, then placing the elbows on the mattress and shifting them left and right until the chest touches the mattress. This was done routinely 4–5 times daily for 5–10 minutes for 14 days. The results of the third visit showed that the fetus had returned to its normal position, consistent with the success of the exercises.

Anemia prevention is an important part of care, even if the mother's hemoglobin level is within the normal range (14 g/dl). This is achieved through regular iron tablet intake, a standard component of quality antenatal care (10 T). Anemia in pregnancy, characterized by hemoglobin levels below 11.0 g/dl, can lead to bleeding, fatigue, infection, and the risk of premature labor or abortion. Therefore, regular supplementation is highly recommended. In addition, mothers are also given education on the danger signs of pregnancy in the third trimester, including bleeding, severe abdominal pain, and decreased fetal movement, which require immediate treatment [17]

On the third visit, the mother complained of back pain. Back pain is a common discomfort experienced by pregnant women in the final trimester due to changes in posture, joint relaxation, and increased spinal load as the body's center of gravity shifts forward. 11. The increasing enlargement of the uterus also puts pressure on the musculoskeletal structure, exacerbating the complaint, which can be exacerbated by the mother's daily household activities. 18. Management is provided in the form of education on maintaining good posture, avoiding prolonged standing or sitting, choosing a comfortable sleeping position, applying warm compresses, and avoiding strenuous activity. 11.

In preparation for delivery, mothers are provided with IEC (Information and Communication) on childbirth preparation so they have a thorough plan for the place of delivery, a companion, and readiness for costs and transportation. [18]. Postpartum contraception education is also provided to help mothers plan their next pregnancy safely, including the Lactational Amenorrhea Method (LAM), pills, injections, implants, IUDs, vasectomy, and tubectomy. [19]. Early Initiation of Breastfeeding (IMD) education is also provided considering that this practice, when carried out

immediately within the first hour of a baby's life, has been proven to accelerate milk production, strengthen the baby's sucking reflex, increase the success of exclusive breastfeeding, and Strengthening the mother-baby bond [20].

Based on the overall care provided, it can be concluded that the mother's complaints of fatigue, lower abdominal cramps, dizziness, and back pain were physiological discomforts of pregnancy influenced by the mother's age, body changes during pregnancy, and daily household activities. All of these complaints were successfully addressed through education, activity, and rest management, knee-chest position exercises, and meeting nutritional and fluid needs. Meanwhile, the fetus, which had been in a transverse position, successfully returned to normal. This continuous series of care demonstrates the importance of home visits in supporting a healthy pregnancy and early detection of complications.

Conclusion

Based on Pregnancy Midwifery Care for Mrs. F, 40 years old, G2P1A0, which was carried out through three home visits at 26 weeks 4 days to 30 weeks 4 days of pregnancy, the results showed that the condition of the mother and fetus was normal with physiological complaints in the form of fatigue, lower abdominal cramps, dizziness, and back pain, and a transverse position was found which successfully returned to a normal position after knee chest exercises. The care provided included education on discomfort and danger signs of pregnancy in the second and third trimesters, the contents of my plate, anemia prevention, knee and chest exercises, labor preparation, postpartum contraception, and Early Initiation of Breastfeeding. The mother understood all the counseling provided. Comprehensive, continuous pregnancy midwifery care through home visits is important for supporting a healthy pregnancy and preventing complications.

Ethics approval

The pregnant woman and the family (witnesses) sign informed consent before care is provided.

Conflict of interests

The research team stated that there was no conflict of interest in this research.

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