



Case Report

THE MIDWIFERY CARE FOR PREGNANT WOMAN, MRS. A IN TEUBALUY VILLAGE, SUB-DISTRICT OF DARUL KAMAL, THE REGENCY OF ACEH BESAR

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Abstract

The maternal mortality rate (MMR) remains a key indicator in assessing the quality of maternal healthcare. Comprehensive, high-quality antenatal care is essential for early detection of complications and for improved maternal and fetal health during pregnancy.

This case report aims to provide midwifery care to a pregnant woman and document it in a midwifery SOAP note. The care was provided to Mrs. A, 37 years old, G2P1A0, at 27 weeks and 4 days of gestation in Teubaluy Village, Sub-district Darul Kamal, The regency of Aceh Besar. Subjective indicated that the mother had complained of back pain for the past week and had a history of cesarean delivery.

Objective examination results indicated that the mother's and fetus's general condition was good, with blood pressure 120/80 mmHg, fetal heart rate 139 beats/minute, and hemoglobin level 13.6 g/dL. The midwifery care provided included education on pregnancy exercises to reduce back pain, recommendations for adequate rest, continued consumption of iron tablets, nutritional counseling, and education on pregnancy danger signs. Results of the care indicated that the mother understood the counseling provided and was able to reiterate the pregnancy exercise techniques taught. Comprehensive midwifery care is expected to increase maternal comfort during pregnancy and reduce the risk of complications.

Keywords: Midwifery Care, Pregnant women, Sub-district Darul Imarah, The Regency of Aceh Besar

Introduction

The global maternal mortality rate (MMR) in 2023 was 197 cases per 100,000 live births. To reduce the global MMR to below 70 per 100,000 live births by 2030, an annual reduction of nearly 15% is required. This rate of reduction is rarely achieved in any

country. Science and medical science can now prevent most maternal deaths by 2030¹.

Current maternal mortality rates are still obtained from survey and census data. Overall, the number of maternal deaths in Indonesia decreased from 1991 to 2020, from 390 to 189 per

100,000 live births. This figure is close to the 2024 RPJMN target of 183 per 100,000 live births. Despite the decline in maternal deaths, further efforts are needed to accelerate maternal mortality reduction in order to achieve the SDGs target of 70 per 100,000 live births by 2030 ².

The maternal mortality rate (MMR) in Aceh Province in 2024 decreased to 98 per 100,000 live births, down from 132 per 100,000 live births in the previous year. This is due to the Aceh Government's success in achieving the MMR indicator target, supported by facilities, infrastructure, and health equipment in community health centers that meet standards, especially Antenatal Care (ANC) from 4 to 6 visits. Pregnant women also receive 2 Ultrasonography (USG) examinations and are served by general practitioners who have been trained for basic USG examinations ³. In addition to the conditions mentioned above, to reduce MMR, the Aceh Government through the Regency/City provides assistance to obgyn specialists to community health centers to provide health services to pregnant women, increase the capacity of health workers, implement classes for pregnant women, and conduct maternal and neonatal audits ³.

Based on data from the Aceh Besar Health Profile, the maternal mortality rate (MMR) in Aceh Besar Regency in 2022 was 165 per 100,000 live births. This represents an increase from the

previous year's 159 per 100,000 live births. To reduce the rising MMR, maternal health services at community health centers (Puskesmas), their networks, and referral facilities (RSUD) must be given greater attention ⁴.

Approximately 75% of maternal deaths are caused by several major complications, namely heavy bleeding, especially after delivery, postpartum infections, hypertension in pregnancy, such as preeclampsia and eclampsia, labor complications, and unsafe abortions. Furthermore, 2024 data show that the leading causes of maternal death in Indonesia are non-obstetric complications occurring during pregnancy (1,351 cases), hypertension during pregnancy, labor, and the postpartum period (988 cases), and obstetric hemorrhage (955 cases) ⁴.

According to Minister of Health Regulation Number 28 of 2017 concerning Midwife Licensing, midwives provide holistic, humanistic midwifery care based on evidence, using a midwifery care management approach, and taking into account physical, psychological, emotional, socio-cultural, spiritual, economic, and environmental aspects that can impact women's reproductive health. This standard also encompasses promotive, preventive, curative, and rehabilitative efforts ⁵.

Efforts to reduce maternal mortality include providing comprehensive, integrated, and high-

quality services to detect problems and illnesses early and treat them. Every pregnant woman is expected to have a healthy pregnancy, a healthy delivery, and a healthy baby ⁶.

Prenatal health services are provided at least six times during pregnancy: once in the first trimester, twice in the second trimester, and three times in the third trimester. The standard coverage of antenatal care (10T) is a minimum of 6 visits, with the recommended distribution of services: at least 1 in the first trimester (K1) by a doctor, 2 in the second trimester, and 3 in the third trimester (K5) by a doctor ⁷.

The Indonesian Ministry of Health states that pregnant women must receive prenatal care services in accordance with the minimum service standards (SPM), including weight and height measurements, blood pressure measurements, mid-upper arm circumference (MUAC), fundus height measurements, fetal presentation and fetal heart rate (FHR) determination, administration of at least 90 iron supplements during pregnancy, tetanus immunization status screening and tetanus-diphtheria (TD) immunization if necessary, mental health screening, case management according to authority, laboratory testing services, counseling sessions, laboratory tests, and ultrasound examinations ⁸.

Based on the background described above, the researcher will provide midwifery care to pregnant women in

Teubaluy Village, sub-district Darul Kamal, The Regency of Aceh Besar, in 2026.

The objective of this care is for the researcher to be able to provide midwifery care for Mrs. A in Teubaluy Village, sub-district Darul Kamal, The Regency of Aceh Besar Regency, and document it in the form of a SOAP (Midwifery documentation).

Case

This case report was made on Friday, at 14.15 PM WIB at the house of mother in in Teubaluy Village, sub-district Darul Kamal, The Regency of Aceh Besar Regency

The subject of this case report is Mrs. A, 37 years old. Subjective data obtained from the mother were that this was her second pregnancy and she had never had a miscarriage. She complained of back pain when standing after sitting in the past week. Her previous delivery was a cesarean section due to labor not progressing. She had received iron tablets four times and regularly took them at night. She had no history of hereditary or systemic diseases. Her last menstrual period was September 14, 2025.

Objective data obtained by the researcher from the examination results were that the mother was in good general condition, with *compos mentis* awareness. The results of the anthropometric examination showed her current weight: 74.10 kg (pre-

pregnancy weight: 72 kg, BMI 28.8, Overweight). Height: 158 cm, Leg circumference: 28.5 cm, abdominal circumference: 105 cm. Estimated date of delivery: June 19, 2026. Vital signs: Blood pressure: 120/80 mmHg; Pulse: 80 beats/minute; Pulse: 20x/m; Temperature: 36.5 C. Physical Examination Face: No edema; Eyes: Pink conjunctiva and sclera are not icteric; Neck: no thyroid gland swelling. No jugular vein swelling. Breast examination: Areola blackened; Papilla: enlarged; nipple: Protruding. Abdominal examination: Traces of SC are present.

Palpation Results: Leopold 1: TFU: 19 cm (three fingers above the navel and the buttocks are felt on the fundus); Leopold 2: The fetal back is felt on the right side of the mother, Leopold 3: the lowest part of the head is felt, not yet entered the PAP. Auscultation Results: DJJ: 139x/m. Percussion: Patellar Reflex (+). Estimated fetal weight: 1,085 grams. Extremities: no varices. Supporting Examination: HB: 13.6 gr/dL. Blood type: O. Urine protein: (-). Assessment results G2 P1 A0 Gestational age 27 weeks 4 days, normal pregnancy, the condition of the mother and fetus is good.

Case planning and management 1). Inform the mother of the examination results that the pregnancy has entered 27 weeks and 4 days, and the condition of the mother and fetus is good condition 2). Teach the mother how to

reduce complaints of back pain by: a). Doing pregnancy exercises to reduce back pain b). Avoid sitting or standing for too long c). Reduce excessive activity and take regular rest 3). Continue taking Fe tablets 4). Consume carbohydrates (rice, potatoes), protein (eggs, fish, chicken, tofu, tempeh), vegetables, and fruit 5). Inform the mother of the danger signs of pregnancy in the second trimester, namely: high fever, vomiting blood, severe abdominal pain, blurred vision, bleeding, severe dizziness/headache, pain when urinating, or itching in the genital area 6). Inform the mother to immediately come to the nearest health facility if any of the danger signs above are present or if there are other complaints.

Discussion

The first midwifery visit was conducted at the respondent's home on March 27, 2026, at 2:15 PM WIB. The results of the examination of vital signs were within normal limits and the fetus was in good condition. The mother's HB level was normal, namely 13.6 gr / dl. The results of the TFU examination were 19 cm, the fetus was in the right back position, the head was lowest, the FHR was 139 x / minute and the first day of her last menstruation was 09-14-2025. The mother complained of back pain for the past week. From the examination results, the gestational age was 27 weeks and 4 days with a TFU of 19 cm. The height of the uterine fundus (TFU)

depends on the gestational age. If the TFU examination uses a finger, then at 12 weeks of gestation, the TFU is 2 fingers above the symphysis. At 16 weeks of gestation, the TFU is between the navel and the symphysis. At 20 weeks, the TFU has exceeded the navel. At 28 weeks, the TFU is located between the navel and the xiphoid process (PX). At 36 weeks of gestation, the TFU reaches the PX. At 40 weeks of gestation, the TFU drops about 2 fingers below the PX, equivalent to 32 weeks of gestation. If measuring the TFU using a ruler, it is measured after 24 weeks of gestation. The size of the TFU corresponds to the gestational age in weeks ($\pm 1-2$ cm). In pregnant women, the normal range is 24-37.7 cm above the symphysis pubis, measured from 22 weeks of gestation.

During this care, the mother complained of back pain for the past week. Treatment was then provided to address this discomfort. Researchers advised the mother to reduce prolonged sitting or standing, taught her prenatal exercises or yoga, and encouraged her to reduce excessive activity and get adequate rest. The mother's condition is normal and often experienced by pregnant women in the second and third trimesters. This is due to the increasing size and weight of the fetus according to gestational age.

Theoretically, back pain is caused by hormonal changes in the supporting and connective soft tissues, resulting in

reduced muscle flexibility. During pregnancy, this pain worsens due to a shift in the woman's center of gravity and posture. These changes are caused by the weight of the larger uterus, excessive bending, continuous walking, and possibly lifting heavy objects ¹⁰.

One of the recommended activities for pregnant women is prenatal exercise. Prenatal exercise offers various positive benefits, including helping reduce stress, anxiety, pain, and discomfort often experienced during pregnancy. Furthermore, prenatal exercise can also help reduce pain during labor. Prenatal exercise is considered an effective and well-tolerated intervention for pregnant women experiencing symptoms of anxiety and depression.¹¹

Back pain is common during pregnancy and can be managed with non-pharmacological methods, one of which is relaxation techniques using a gym ball. The use of a gym ball is a complementary therapy aimed at reducing pain during pregnancy and supporting a smooth delivery. Exercises using a gym ball can stimulate postural reflexes and help maintain the strength of the muscles supporting the spine. Furthermore, sitting on a gym ball resembles a squatting position, which can help open the pelvis, making labor easier and faster. When the gym ball is placed on a bed, the mother kneels or bends, supporting her body on the ball while moving her pelvis. This can help

the fetus assume an optimal position. These exercises are also beneficial for shortening labor duration and facilitating a smooth delivery.¹²

During this care, mothers also receive counselling on pregnancy danger signs. Some danger signs include: excessive nausea and vomiting, high fever, seizures, severe headaches, bleeding from the birth canal, severe and continuous abdominal pain, decreased fetal movement, blurred or flashing vision, and premature rupture of membranes.

Pregnant women can identify early pregnancy danger signs and act quickly if they appear. Knowing the signs of pregnancy can help prevent pregnancy-related mortality and morbidity. The following are danger signs of pregnancy based on trimester: First trimester: bleeding such as abortion, hydatidiform mole, and ectopic pregnancy. Bleeding is also common in early pregnancy. There is a link between early pregnancy and early pregnancy loss, miscarriage, and abortion. Second trimester: vaginal bleeding, severe headache, facial and hand edema, blurred vision, decreased fetal movement, premature rupture of membranes, seizures, and high fever. Third trimester: pale eyelid membranes, high fever, and decreased fetal movement.¹³

Mothers are also provided with information about second-trimester discomfort. The discomfort mothers experience is caused by the increasing

size of the fetus. This is a physiological condition that occurs in pregnant women during the second trimester. This discomfort can also interfere with their activities, so mothers need to understand it and how to manage it.

Conclusion

Based on the first Midwifery Care given to a Pregnant Woman (Mrs. A) in Teubaluy Village, sub-district Darul Kamal, The regency of Aceh Besar, it was concluded that: The mother is 37 years old, the first day of her last menstruation: September 14, 2025, Blood Pressure: 120/80 mmhg, Pulse: 80x/m, Pulse: 20x/m, Temperature: 36.5 C. Leopold 1: The height of the uterine fundus is three fingers above the center (19 cm), and the buttocks are palpable. Leopold 2: The fetal back is palpable on the right side of the mother. Leopold 3: The lowest part of the head is palpable. Leopold 4: The head has not entered the upper pelvic inlet. Conclusion: Gestational age 27 weeks 4 days, Obstetric history: G2 PI Ao. Estimated date of delivery: June 21, 2026. Mrs. A has had back pain for the past 1 week. The care provided is in accordance with the mother's problems.

Ethics approval

Pregnant women and witnesses (husbands of pregnant women) sign informed consent before care is provided.

Conflict of interests

The research team declares no conflict of interest regarding this research.

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References

1. WHO. WHO 2025. Published online 2025.
2. Indonesia PK. Profil Kesehatan Indonesia. Published online 2024.
3. Dinas Kesehatan Aceh. Laporan Kinerja Tahun Anggaran 2024. Published online 2025.
4. Dinas Kesehatan Kabupaten Aceh Besar. Profil Kesehatan Kabupaten Aceh Besar Tahun 2022. *Dinas Kesehat Aceh Besar*. Published online 2023.
5. Kemenkes. R. Kemenkes RI. Published online 2020.
6. Hanif et al. Profil Kesehatan Aceh 2022. *Enabling Breastfeeding*. Published online 2023;1-10.
7. Dinkes Aceh. Profil Kesehatan Aceh 2022. *Enabling Breastfeeding*. Published online 2023;1-10.
8. Kemenkes RI. *Buku KIA (Kesehatan Ibu Dan Anak) Panduan Lengkap Untuk Mewujudkan Ibu Dan Anak Sehat*. Kementerian Kesehatan RI; 2024.
9. Nuraisya W. *Buku Ajar Teori Dan Praktik Kebidanan Dalam Asuhan Kehamilan Disertai Daftar Tilik*. Deepublish; 2022.
10. Farming F, Aisa S, Kartini K, Sabur F. *Buku Pintar Ibu Hamil Dan Suami/Keluarga Dalam Mendeteksi Kehamilan Berisiko*. CV Eureka Media Aksara; 2024.
11. Desi Rofita SSTMK. *Atasi Nyeri Pinggang Pada Kehamilan Dengan Prenatal Gentle Yoga*. CV. Bintang Semesta Media; 2025.
12. Wahyuni LT, Dkk. *KONSEP DAN KEHAMILAN SEHAT DENGAN PENDEKATAN KOMPLEMENTER*. Nuansa Fajar Cemerlang; 2024.
13. Suryani IS, Setiawati Y, Patmahwati P, et al. *ASUHAN KEBIDANAN KEHAMILAN*. Penerbit Widina; 2023. <https://books.google.co.id/book?id=ptnVEAAQBAJ>