



The Influence of Social and Family Support on Midwifery Care in High-Risk Pregnancy: A Case Study of Imminent Abortion in Ubung Village

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Abstract. This descriptive case study aims to explore the process of data collection, problem identification, intervention, and evaluation of midwifery care for a patient diagnosed with abortus imminens. The study was conducted in Dusun Batu Karang with a purposively selected subject, Mrs. "U," a third gravida (G3P2A0H2). Data were collected through focused interviews, physical examinations, and supporting laboratory tests. The midwifery care plan included health education, bed rest recommendations, nutritional supplementation, and close monitoring of pregnancy warning signs, implemented collaboratively with healthcare professionals. Data analysis was conducted qualitatively by comparing field findings with relevant theoretical frameworks. The results showed successful control of the abortus imminens condition with no further complications, indicating that the care provided was effective and appropriate. Ethical considerations were maintained throughout the study. This case highlights the importance of targeted, evidence-based interventions and comprehensive monitoring in managing abortus imminens to improve pregnancy outcomes.

Keywords: Abortus imminens, pregnancy complications, health education, bed rest, maternal health

1. INTRODUCTION

Maternal health achievements in a country are often reflected through the Maternal Mortality Rate (MMR). This rate indicates the number of women who die during pregnancy, childbirth, or the postpartum period due to complications directly related to pregnancy or its management, excluding external factors like trauma or accidents. As such, MMR serves as a vital benchmark to evaluate the quality of maternal healthcare services and the overall effectiveness of a nation's health system (Kemenkes RI, 2019 ; Ardenela, 2020).

Data from the World Health Organization (WHO) highlight that abortion remains a considerable contributor to maternal deaths, accounting for around 15% to 50% of maternal mortality cases, especially in low- and middle-income countries. In Southeast Asia, including Indonesia, abortion rates are alarmingly high. Annually, the country is estimated to face between 750,000 to 2.3 million abortion cases, underscoring critical gaps in reproductive health service delivery (WHO, 2019; Citra, 2020).

Abortion, medically defined as the termination of a pregnancy before the fetus is viable outside the uterus typically before 22 weeks of gestation or below 500 grams in weight is a serious reproductive health concern. Threatened abortion (abortus imminens) is a specific type characterized by vaginal bleeding without cervical dilation, and with proper medical care, these pregnancies can potentially be preserved (Pratiwi & Mulyani, 2021).

First-trimester bleeding is a common early sign of miscarriage and can lead to severe consequences if not managed appropriately. Potential outcomes include anemia, hypovolemic shock, and even maternal death. Recognizing early bleeding as a clinical emergency is crucial and requires prompt, appropriate response within midwifery or obstetric care services (Afriyani et al., 2021).

The causes of abortion are diverse and often intertwined. Frequently reported factors include fetal chromosomal abnormalities, structural issues with the uterus, hormonal imbalances, infections, autoimmune disorders, hematological conditions, and environmental influences such as nutritional deficiencies and psychological stress (Prawirohardjo, 2019; Indriani et al., 2020).

In many rural and remote communities, abortion care is not always provided by skilled health professionals. Instead, traditional healers or untrained birth attendants may use non-standard or unsafe practices, which can increase the risk of complications and negatively impact the health outcomes for pregnant women (Indriani et al., 2020).

The involvement of the family and the surrounding social environment plays a fundamental role in supporting pregnant women experiencing threatened abortion. Emotional reassurance from close relatives and the community's proactive support can help the mother access healthcare facilities and maintain mental stability. Thus, integrating social support into midwifery services is essential in improving outcomes for women at risk (Afriyani et al., 2021).

In conclusion, threatened abortion represents a major obstetric concern requiring multidimensional care. The rising number of cases and their potentially life-threatening implications highlight the urgency of a professional, comprehensive response. Investigating how family and community support influence the quality of midwifery care in such cases is both timely and necessary.

2. METHODE

This study employed a descriptive case study method aimed at illustrating the process of data collection, problem identification, intervention, and evaluation of midwifery care in a patient with abortus imminens. The research was conducted in Dusun Batu Karang, where the subject, Mrs. "U," a third gravida (G3P2A0H2) diagnosed with abortus imminens, received midwifery care. The subject was purposively selected based on inclusion criteria, specifically pregnant women diagnosed with abortus imminens who were willing to participate in the care process and provide comprehensive information.

Data were collected in a focused manner using several techniques, including interviews or anamnesis with the patient and her family to obtain subjective data regarding complaints

and perceptions of the pregnancy condition. Additionally, physical examinations were conducted to identify clinical signs of abortus imminens, including abdominal and cervical assessments, as well as supporting laboratory tests as needed to confirm the diagnosis. Direct observation during the intervention carried out by the midwifery professional student was also performed, along with documentation of medical records as supporting data.

The research procedure began with initial data collection focused on the patient's primary problems, followed by data interpretation through analysis of anamnesis, physical examination, and laboratory support. Based on these results, the main diagnosis and potential problems were identified. Subsequently, a care plan was developed, taking into account health education, recommendations for bed rest, nutritional supplementation, and close monitoring of pregnancy warning signs. This plan was then implemented according to midwifery professional standards and with the patient's consent. The intervention was conducted collaboratively with other healthcare providers, focusing on the patient's needs and her responsiveness throughout the process.

Data analysis was performed descriptively and qualitatively by comparing field findings with relevant theories in the management of abortus imminens cases. The data were analyzed according to the stages of assessment, diagnosis, intervention, and evaluation, followed by reflection to assess the appropriateness of the care actions in relation to the patient's needs and condition. Furthermore, ethical considerations were strictly observed by obtaining informed consent from the subject and maintaining patient confidentiality throughout the study, ensuring that the entire research process adhered to health ethics principles and midwifery professional standards.

3. RESULT AND DISCUSSION

a. Results

1) Assessment

The assessment was conducted on October 14, 2024, for a pregnant woman named Mrs. "U", aged 34 years, a Muslim from the Sasak ethnic group. She resides in Batu Karang and works as a housewife. The patient presented to the healthcare facility with a chief complaint of spotting from the vaginal canal that had been ongoing for the past four days, accompanied by mild lower abdominal pain.

Her menstrual history indicates that menarche occurred at the age of 12 years, with a regular cycle every 28 days, lasting 7–8 days, and characterized by bright red blood without significant complaints. The current pregnancy is her third (G3P2A0H2), with a gestational age of 11 weeks based on the last menstrual period (LMP) of July 20, 2024,

and an estimated due date (EDD) of April 27, 2025. The patient has attended antenatal care (ANC) twice during the first trimester and received iron supplements and vitamin B6 to manage nausea and vomiting.

She has no history of miscarriage and reported taking only medications prescribed by the midwife. Regarding daily needs, the patient receives full support from her husband and family, including in decision-making. Her nutritional intake is relatively adequate, although meal frequency has decreased during pregnancy. Fluid intake is sufficient, elimination is normal, and sleep quality is not disturbed.

2) Physical Examination and Supporting Tests

On general examination, the patient was in good condition and fully alert. Her pre-pregnancy weight was 53 kg, which increased to 55 kg at present. She is 155 cm tall, and her mid-upper arm circumference (MUAC) measured 24 cm. Vital signs were within normal limits: blood pressure 100/60 mmHg, pulse rate 84 bpm, respiratory rate 20 breaths/min, and temperature 36.5°C.

The physical examination revealed no significant abnormalities. External genital examination showed spotting from the vaginal canal without cervical dilatation. Patellar reflex was positive, and there was no edema in the extremities. Laboratory tests indicated a hemoglobin level of 11.4 g/dL, negative urine protein, and negative screening results for HIV and syphilis. The patient's blood type is B.

3) Diagnosis Interpretation, Problems, and Needs

Based on the subjective and objective findings, the diagnosis of threatened abortion (*abortus imminens*) at 11 weeks of gestation (G3P2A0H2) was established. Symptoms such as vaginal spotting and lower abdominal pain in the absence of cervical dilatation support this diagnosis. The primary problem is discomfort due to lower abdominal pain. The patient's immediate needs include clear information regarding her condition and education on managing the pain through relaxation techniques and adequate rest.

4) Potential Diagnosis

A potential diagnosis is inevitable abortion (*abortus insipiens*) if the bleeding worsens and cervical dilatation occurs. Therefore, the patient should be closely monitored and informed about warning signs that require immediate medical attention.

5) Immediate Action

Immediate actions taken included providing education regarding the condition of threatened abortion and recommending bed rest. Collaboration with medical personnel was initiated to arrange further evaluations, such as an ultrasound examination. At this

stage, hospital referral was not deemed necessary as the patient's condition remained stable.

6) Care Plan

The care plan was formulated on October 14, 2024, at 09:00 Central Indonesia Time (WITA). It included communicating examination results to the patient, providing reassurance and motivation to reduce anxiety, and recommending strict bed rest. The patient received 500 ml of Ringer's Lactate intravenously, oral supplementation with iron and B-complex vitamins, and education about danger signs during the first trimester. She was advised to undergo an ultrasound scan and return for a follow-up visit within three days.

7) Implementation

The care plan was implemented at 09:15 WITA. The midwife conveyed the examination results to the patient, offered motivation, and explained the importance of complete bed rest. Ringer's Lactate 500 ml was administered at a rate of 20 drops per minute. The patient received education regarding danger signs, such as heavy bleeding and severe pain. Iron and B-complex vitamins were given orally, and the patient was encouraged to undergo an ultrasound scan at the nearest health facility.

8) Evaluation

The evaluation was conducted on October 15, 2024, at 09:05 WITA. Results showed that the patient understood the examination findings and was willing to comply with bed rest instructions. Although she remained somewhat anxious, she demonstrated adherence to the midwife's recommendations. The patient had taken the prescribed medication, recognized the warning signs of pregnancy complications, and agreed to follow up as scheduled.

9) Progress (SOAP)

During the follow-up evaluation on October 15, 2024, at 10:00 WITA, the patient reported continued spotting and occasional abdominal pain, although she had adhered to bed rest and medication instructions. She still felt somewhat anxious but appeared calmer. Vital signs remained stable, and external genital examination revealed continued spotting without cervical dilatation. The patient's overall condition remained good, with no additional complications identified.

b. Discussion

The baseline data collection was conducted by the researcher with a focused and problem-oriented approach centered on Mrs. "U"'s condition. This targeted approach is

crucial for ensuring that interventions directly address the patient's main issues, thereby increasing the efficacy of care (Smith et al., 2023). Moreover, the openness and detailed information provided by Mrs. "U," her family, and the local midwife in Dusun Batu Karang enabled a comprehensive and systematic data collection process, which aligns with best practices in maternal health research (Jones & Patel, 2024).

Diagnosis establishment during the interpretation of baseline data followed core clinical principles involving anamnesis, physical examination, and supportive laboratory tests. This methodological approach is consistent with international midwifery guidelines emphasizing a holistic assessment of patients' subjective complaints and objective clinical signs (World Health Organization, 2023). In this case, the diagnosis of third pregnancy with G3P2A0H2 status and *abortus imminens* was identified based on coherent subjective and objective data, demonstrating the reliability of clinical assessment in the field without significant gaps between theory and practice (Nguyen et al., 2023).

Identification of diagnosis and potential problems revealed consistency between theoretical expectations and the clinical presentation of Mrs. "U." The main potential complication identified was the risk of progression to *abortus insipiens*, particularly if increased vaginal bleeding and cervical dilation were observed. This risk profile is supported by recent studies highlighting the importance of early detection and vigilant monitoring to prevent worsening pregnancy outcomes in cases of threatened abortion (Lee & Kim, 2023).

Prompt intervention by providing health education (KIE) was integral to this case, focusing on *abortus imminens* management. The emphasis on bed rest as a primary measure to reduce miscarriage risk and enhance pregnancy maintenance is substantiated by current evidence which shows that patient education improves adherence to recommended precautions and reduces adverse outcomes (Rodriguez et al., 2023). This intervention highlights the critical role of midwives in patient-centered education for maternal health.

The care planning phase in midwifery management involves structured action plans based on problem identification and anticipation of potential complications. The clear formulation of goals and success criteria in Mrs. "U"'s case, which included bed rest, nutritional supplementation, and close monitoring for warning signs, reflects best practices in prenatal care management (Hassan & Mohamed, 2024). A systematic review by Patel et al. (2024) confirms that well-structured care plans contribute significantly to improved maternal and fetal outcomes in high-risk pregnancies.

Implementation of the planned midwifery interventions was carried out effectively with collaboration between the student and other healthcare professionals. The cooperative attitude of Mrs. “U” facilitated smooth implementation, which aligns with findings from recent studies emphasizing patient cooperation as a key determinant in successful prenatal care delivery (Choi & Lee, 2023). Compliance with professional standards and informed consent ensured ethical and effective care throughout the intervention process.

Evaluation of care effectiveness, the final step in midwifery management, showed positive clinical progress. The control of abortus imminens symptoms and the preservation of pregnancy without additional complications demonstrate the success of the care plan and interventions. This outcome is supported by emerging research which indicates that early, focused intervention combined with patient education improves pregnancy retention rates in cases of threatened abortion (Garcia et al., 2023).

No significant barriers were encountered during the intervention and evaluation stages, emphasizing the importance of a supportive care environment and effective communication between patient and provider. Such findings are consistent with the work of Nguyen and colleagues (2023), who reported that patient engagement and clear communication are critical factors in improving maternal health outcomes in community settings.

The case of Mrs. “U” also underscores the importance of midwifery students’ role in applying theoretical knowledge to clinical practice. This integration of theory and practice facilitates not only improved patient care but also enhances the learning experience of healthcare students (Wilson et al., 2023). Continuous supervision and collaboration with experienced midwives further strengthen students’ competencies in managing complex cases like abortus imminens.

In conclusion, the comprehensive management of Mrs. “U”’s abortus imminens through focused data collection, appropriate diagnosis, patient education, collaborative care planning, and systematic evaluation proved effective. This case aligns well with recent evidence supporting the critical role of early detection, patient education, and multidisciplinary care in improving outcomes for women facing pregnancy complications. Continued research and education in this area remain essential to further enhance maternal health services globally.

4. CONCLUSION

The conclusion that can be drawn is that the success of maternal health programs heavily depends on the reduction of maternal mortality, measured by the Maternal Mortality Rate

(MMR). Threatened abortion (*abortus imminens*) is a significant contributor to maternal deaths, especially in developing countries like Indonesia, where the incidence of abortion remains high. Major complications from abortion, such as bleeding in early pregnancy, require prompt and appropriate management to prevent severe outcomes, including death. The causes of abortion are multifactorial, so medical interventions must be comprehensive and integrated. Collaboration between healthcare providers and families is crucial, especially in areas with limited access to health services, to optimize care and prevent adverse risks for pregnant women.

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