



Comprehensive Midwifery Care for Ny "E" with a Normal Pregnancy at the Caile Community Health Center, Ujungbulu District, Bulukumba Regency for the Period May-July Year 2025

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ABSTRACT

Pregnancy, childbirth, newborns, the postpartum period, neonates and family planning are normal conditions, but require supervision so that they do not turn into abnormal conditions so that the government and health workers must make various efforts to treat and reduce complications that can cause morbidity and mortality. to the mother and baby by providing continuous care or comprehensive care to improve the health status of the mother and child through monitoring, development from pregnancy to family planning (KB). The care methods in this LTA are interviews, patient observations at the Community Health Center and home visits. The subject in this care is Mrs "E" GIPIA0 with a normal third trimester pregnancy at the Caile Community Health Center. Based on the results of comprehensive midwifery care for Mrs "E" by carrying out midwifery care independently and collaboratively during the third trimester of pregnancy with normal physiological complaints, in labor with spontaneous delivery, the baby was born normally, postpartum visits 4 times and neonate visits 3 times were normal as well as the use of contraception using injections, by documenting SOAP in the Varney management approach for pregnant women, giving birth, newborns, postpartum, neonates and services. Family planning. Conclusion Comprehensive Midwifery Care carried out on Mrs "E" starting from the gestational age of 34 weeks 3 days, delivery, newborns, postpartum, neonates and family planning (KB) with injections, normally without any accompanying complications or complications, it is hoped that the results of this writing can be a source of information and increase knowledge and skills in accordance with comprehensive midwifery care service standards in health services, especially at the Caile Community Health Center, Ujungbulu District, Bulukumba Regency.

Keywords: Comprehensive Midwifery Normal Pregnancy, Caile Community Health Center

I. INTRODUCTION

Comprehensive midwifery care is midwifery care that is provided continuously to clients of newborns, neonates, infants, toddlers and preschool children, adolescents, the pre-pregnancy period, pregnancy, childbirth, post-miscarriage period, postpartum period, intermenstrual period, climacteric period, family planning services, reproductive health services and women's sexualit (Ministry of Health Decree, 2020).

Common health problems during pregnancy include anemia, miscarriage, chronic energy deficiency syndrome (CED), hypertension, preeclampsia, and pregnancy-related poisoning. During labor, these include bleeding, premature labor, and prolonged labor; during the postpartum period, these include uterine atony, birth canal infections, and baby blues; and in newborns, asphyxia and low birth weight (LBW). While family planning practices often lead to irregular menstruation and sudden, irregular menstrual cycles (Puspasari, 2020).

According to World Health Organization (WHO) data in 2020, the maternal mortality rate (MMR) was 295,000 live births, with causes of death being high blood pressure during pregnancy (pre-eclampsia and eclampsia), hemorrhage, postpartum infections, and unsafe abortions. Meanwhile, the maternal mortality rate (IMR) in 2020 was 2,350,000, caused by asphyxia, low birth weight (LBW), congenital abnormalities, infections, and neonatal tetanus (WHO, 2021).

According to the 2020 South Sulawesi Health Profile, service coverage for pregnant women was 91.5% during K1 and 83.2% during K4. In 2021, K1 was 104.6% and K4 was 93.4% (South Sulawesi, 2024).

The coverage of health services in Bulukumba Regency in K1-K4 can be seen in 2020 in K1 as many as 7261 (73%) and in K4 as many as 6026 (61%), while in 2021 in K1 there was an increase of 7597 (92.4%) and in K4 as many as 5920 (72.5%), while in 2022 K1 as many as 6,983 (87%) and in K4 as many as 5771 (71%) (KIA, 2024).

The coverage of K1 and K4 health services in the Caile Community Health Center area in 2020 was 78% for K1 and 80% for K4. Meanwhile, in 2021, K1 at the Caile Community Health Center reached 99.4% and K4 reached 100%. In 2022, K1 reached 994 (100%) and K4 reached 997 (101%) (Caile, 2024).

Discontinuous midwifery care can increase the risk of complications for both the mother and the fetus, leading to increased morbidity and mortality. Some complications that can arise during pregnancy include anemia, hypertension, bleeding, abortion, facial and leg edema, and others that continue during delivery, such as dystocia, uterine inertia, non-vertebrae presentation, umbilical cord prolapse, premature rupture of membranes (PROM). During the postpartum period, breast milk retention, postpartum infections, postpartum depression, and others can occur (Saifuddin, 2014).

In addition, efforts made to reduce maternal and child mortality rates include carrying out promotive and preventive activities that guarantee integrated ANC services according to the 10T standards and community empowerment, by providing one accompanying cadre for one pregnant woman from the beginning of pregnancy until the family planning period (Ministry of Health of the Republic of Indonesia, 2018).

Meanwhile, efforts to reduce maternal and child mortality rates in the Bulukumba Regency government area include conducting outreach to all villages or families regarding health facilities, safe childbirth, health insurance for pregnant women until postpartum by creating waiting houses to prevent delays in treatment, especially in areas that do not have difficult access to health facilities and do not have a delivery section and to improve the quality of delivery assistance, postpartum family planning, newborn care and improve the quality of health worker services (Dinkes, 2019).

Based on the description above, the author is interested in carrying out Comprehensive Midwifery Care for Normal Pregnancy in the Third Trimester at the Caile Community Health Center, Ujung Bululu District, Bulukumba Regency in 2025.

II. METHOD

The method used in this final assignment report is a case study by providing comprehensive care starting from the third trimester of pregnancy, childbirth, newborns, postpartum, neonates and family planning.

The target sample or subject to be provided with care was Mrs. "E," a pregnant woman with a gestational age of 34 weeks and 3 days who had received comprehensive care, including the use of contraceptives. The case study location was the Caile Community Health Center in Ujungbulu District, Bulukumba Regency, and Mrs. "E's" home from May to July 2025.

The instruments used were assessment data, medical records, the KIA book, SOAP, Varney's 7-step management, and partographs. Data collection was conducted through observation and interviews. In addition, data was also sourced from KIA book notes, care documentation, and medical records. Data analysis was performed by processing the data obtained from the care provided and then adjusting it to the data that should have been obtained based on clear references.

III. RESEARCH RESULT

A. RESULTS

The results of this study are presented in Tables 1–6, which describe the continuity of midwifery care for Mrs. "E", covering antenatal care, third trimester monitoring, childbirth, postpartum care, neonatal care, and family planning services.

Table 1. Distribution of ANC visits obtained from Ny "E"'s KIA book

inspection	Date/place/age of pregnancy	Results
ANC 1	12/12/2024 Caile Health Center (11 weeks 2 days)	First Day of Last Menstruation September 25, 2022, Estimated Delivery July 2, 2025, mother's weight before pregnancy was 45 kg, weight during examination 45 kg, height 158 cm, LILA 24 cm, blood pressure 120/90 mmHg, gestational age 11 weeks 2 days, ballottement. He was given nutrition counseling and 10 FE tablets were given.
ANC 2	01/19/2025 Caile Health Center (16 weeks 4 days)	body weight 49 kg, blood pressure 100/70 mmHg, ballottement. Laboratory examination with results of Hemoglobin 14.0 gr/dl, Hbsag negative (-), HIV negative (-), syphilis negative (-) and received TT I injection. He was given information about nutrition and FE tablets 10 tablets.
ANC 3	02/20/2025 Caile Health Center (21 weeks 1 day)	Body weight 50 kg, blood pressure 120/80 mmHg, ballottement. Laboratory examination with blood type B results and received TT 2 injections. He was given nutrition advice and FE tablets 10 tablets were given.
ANC 4	04/13/2025 Caile Health Center (28 weeks)	Body weight 53 kg, blood pressure 100/80 mmHg, TFU 25 cm, abdominal circumference 86 cm, left back, cephalic presentation, and still

ANC 5	05/22/2025 Caile Health Center (34 weeks 1 day)	moving above the pelvis (BAP). Given 10 Fetal Iron tablets Body weight 55 kg, blood pressure 100/70 mmHg, TFU 27 cm, abdominal circumference 88 cm, left back, cephalic presentation and still moving above the pelvis (BAP) and DJJ 138x/i. Given 30 FE tablets and calcium.
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Table 2.Distribution of Third Trimester Pregnancy Care for Mrs. "E"

ANC Date	May 24, 2025	June 2, 2025	June 15, 2025
Gestational Age	34 weeks 3 days	35 weeks 5 days	37 weeks 4 days
Anamnesis	No complaints	Lower abdominal pain	No complaints
Weight	55 kg	-	55 kg
Blood pressure	100/60 mmHg	100/60 mmHg	100/70 mmHg
TFU	3 fingers below PX	2 fingers below PX	2 fingers below PX
Fetal Position	head	Head	Head
Intervention	Appropriate health care and management has been provided	Appropriate health care and management has been provided	Appropriate health care and management has been provided

Table 3.Distribution of Childbirth Care for Mrs. "E"

INC Date	June 19, 2025
Period IV	Observations were carried out in the second hour every 30 minutes including vital signs within normal limits, TFU 1 finger below the navel, good uterine contractions, empty bladder and normal bleeding.

The baby was born spontaneously on June 19, 2025 at 19:05 WITA with a female gender and a body weight of 3400 grams.

Table 4.Distribution of Postpartum Visit Care for Mrs. "E"

PNC Date	June 20, 2025	June 24, 2025	July 5, 2025	July 23, 2025
Postpartum	Postpartum day 1	Postpartum day 5	Postpartum day 16	Postpartum day 34
Anamnesis	Pain in the stitched wound	No complaints	No complaints	No complaints
Blood pressure	100/70 mmHg	100/70 mmHg	100/60 mmHg	100/70 mmHg
uterus	2 fingers below the center	Mid-central symphysis	Not palpable	Not palpable
lochia	rubra	sanguine	Serous	Alba

health	Given all necessary health information on the first visit	all	Given necessary information on the second visit	all health on	Given all necessary health information on the third visit	Given all necessary health information on the fourth visit	all
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Table 5.Distribution of Neonatal Visit Care for Mrs. “E”

Neonatal visits	June 20, 2025	June 24, 2025	July 5, 2025
breast milk	colostrum	Smooth breast milk flow	Smooth breast milk flow
Body news	3400 grams	3000 grams	3500 grams
umbilical cord	Not yet extinct	Already extinct	Already extinct
counseling	Exclusive breastfeeding counseling, keeping the baby warm	Counseling to maintain warmth and baby care	Follow-up immunization counseling.

Table 6.Distribution of Family Planning Care to Mrs. “E”

Date of visit	July 24, 2025
Subjective data	Mother chooses 3-month injection contraceptive
Vital signs	BP: 100/70 mmHg N: 85x/i P: 22x/i S 36.6°c
Weight	48 kg
Physical examination	Face: not pale, no edema Eyes: conjunctiva pink and sclera not icteric Breasts: symmetrical left and right, no masses, no lumps and no tenderness Abdomen: TFU is not palpable, there is no tenderness and there are no lumps. Extremities: no pain on gripping, no tenderness, no varicose veins or edema.

Management	<ol style="list-style-type: none"> 1. Explain to the mother the results of the examination 2. Explains the advantages and disadvantages, how it works, indications and contraindications and side effects of the 3-month birth control injection. 3. Providing informed consent 4. Inform that the 3-month birth control injection has been injected into the left buttock and give the mother her birth control card. 5. Plan the next visit schedule, namely on October 17, 2025 and inform the mother if she feels any complaints to immediately go to a health facility.
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B. DISCUSSION

1. Pregnancy

Optimal weight gain for pregnant women varies according to the mother's nutritional status as measured by the body mass index (BMI) before pregnancy or when entering the first trimester. If the BMI is in the Underweight category (<18.5) the target weight gain is 12.5-18.0, if the BMI is in the Normal BMI (18.5-24.9) the target weight gain is 11.35-15.89 kg, if the BMI is Overweight (15-22.9) the target weight gain is 7.0-11.5 kg and if the BMI is Obese (>30.0) the target weight gain is 5.9-9.0 kg. (Ministry of Health of the Republic of Indonesia, 2020)

Based on the case of Mrs. "E"'s weight before pregnancy, where before pregnancy it was 45 kg, with a height of 158 cm, the BMI was 18.2 kg. The result was that the mother's weight was in the underweight category, where the weight gain should be (12.5-18.0 kg). However, at the end of pregnancy, the mother's weight was 55 kg, so the total weight gain was 10 kg. Thus, it can be concluded that there is a gap between theory and the case because the mother's weight gain did not match the required weight gain, which is (12.5-18.0 kg).

2. Labor

According to theory (Aspini, 2017), the fourth stage of labor is also called the monitoring period. Stage IV begins from the birth of the placenta until the first two hours postpartum. Monitoring of the fourth stage is carried out for 15 minutes in the first hour after delivery and 30 minutes in the second two hours after delivery. Where monitoring is carried out includes checking vital signs, TFU, uterine contractions, bladder and bleeding in the mother, bleeding is considered within normal limits if the amount does not exceed 500 cc.

Based on the case of Mrs. "E," where monitoring was only carried out for 1 hour in the fourth stage, where within 1 hour the author carried out monitoring every 30 minutes which included checking vital signs, fetal heart rate, uterine contractions, bladder and bleeding. Thus, it can be concluded that there is a gap between theory and the case, because in the fourth stage of labor, monitoring lasted for 2 hours, while in the case of Mrs. "E," monitoring was only carried out for 1 hour.

3. Newborn baby

A newborn baby is a baby born at 37 to 42 weeks of pregnancy with a birth weight of 2500 to 4000 grams and without signs of asphyxia or other accompanying illnesses. (Noordianti, 2018). Based on the case of Mrs. "E" baby, she was born spontaneously as a girl with a body weight of 3400 grams.

Based on this statement, it can be concluded that there is no gap between theory and case, because the baby's weight in Mrs. "E" is within normal limits and in accordance with theory.

4. Postpartum

The postpartum period is the period that begins after the placenta is born until the reproductive organs return to normal as before pregnancy, where this postpartum period lasts for 6 weeks or 42 days, but overall it will heal within 3 months.(Asih, 2016)

Based on the case of Mrs. "E", the first postpartum visit was conducted on June 20, 2025, the second postpartum visit was conducted on June 24, 2025, the third postpartum visit was conducted on July 5, 2025 and the fourth postpartum visit was conducted on July 23, 2025. Where the care provided during the postpartum visit includes nutritious and balanced food, providing IEC regarding exclusive breastfeeding, breast care, personal hygiene, perineal suture wound care, sexual needs and counseling about family planning. So it can be concluded that there is no gap between theory and case.

5. Neonate

The neonatal period is the period from birth to 4 weeks (28 days) after birth. A normal neonate is one born at term and without complications until the baby is 28 days old.(Nur Sholichah, 2017)

Based on the case of baby Mrs. "E", neonatal visits were conducted 3 times, the first visit on June 20, 2025, the second visit on June 24, 2025, and the third visit on July 5, 2025. Where the midwifery care for the neonate provided was the treatment for normal neonates because no problems were found during the visit. The management given to normal neonates included providing He regarding neonatal danger signs, immunization, exclusive breastfeeding, and daily baby care. Where the provision of IEC was given in stages so that the mother could more easily understand the explanation given.(Walyani, 2015).

6. Family planning

There is management given to the mother (prospective KB acceptor) namely by first conveying the results of the previous examination, then explaining the type of contraception starting from how it works, effectiveness, benefits, advantages and disadvantages and contraindications of the KB. After that, informed choice and informed consent are carried out and after the mother has determined her choice, then provide KB services according to what the mother wants, then plan the next visit schedule which is on October 17, 2025 and inform the mother if she feels any complaints to immediately go to a health facility.((Sirait, 2020)

Based on the case of Mrs. "E", family planning management was carried out after the postpartum period was over, namely by informing the mother that the results of her examination were normal, explaining everything about the 3-month injection of contraception, after the mother chose to use the injection, family planning services were then carried out and finally conveying the schedule for the next visit or injection, namely October 17, 2025. With these results, there was no gap between theory and the case.

IV. CONCLUSION

Comprehensive midwifery care for Mrs. "E" was carried out for approximately 3 months, starting at 34 weeks and 3 days of pregnancy, continuing until delivery, postpartum, neonatal, and finally family planning in accordance with midwifery service standards using a comprehensive midwifery care management approach and documented in the form of subjective and objective data, data analysis and management (SOAP). Where the management of this comprehensive care took place physiologically and without problems or complications.

1. Midwifery care during Mrs. "E" GIP0A0's pregnancy did not result in complications until the end of the pregnancy and was handled well by health workers.
2. Midwifery care during the labor of Mrs. "E" PIA0 took place normally, no care was provided in Stage I, Stage II, Stage III and received normal labor care in Stage IV with only 1 hour of monitoring including TTV, TFU, uterine contractions, bladder and bleeding.
3. Midwifery care for the newborn Mrs. "E" proceeded normally, with no accompanying complications or complications.

4. Midwifery care during the postpartum period of Mrs. "E" took place normally with monitoring starting from KF 1-KF 4 within normal limits without any complications and was handled well by health workers.
5. Midwifery care for the neonate Mrs. "E" was carried out normally with monitoring from KN 1-KN 3 within normal limits, no complications or accompanying complications occurred.
6. Midwifery care for family planning with 3-monthly injectable contraceptives and no accompanying complications or complications

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