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Case management: Continuous Midwifery Care for Mrs. S. At Independent Midwife Practice Place/ TPMB (Tempat Praktek Mandiri Bidan) Ida Nopiah Salipah, S.Keb., Bdn Padurenan Mustika Jaya Bekasi

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Abstract

This care uses Continuity Of Care (COC) for Mrs. S since the third trimester of pregnancy, postpartum, and the neonate, with the implementation of complementary care. The results obtained by Mrs. S during pregnancy went well, but at the beginning of the visit, she experienced discomfort in the form of frequent urination and vaginal discharge, so she was given Kegel exercise care and cleaning with boiled betel leaf water. The third visit, Mrs. S experienced Braxton Hix contractions, so she was given relaxation techniques care. The delivery took place spontaneously vaginally on April 17, 2025. In the active phase I Mrs. S was restless because she felt pain, so she was given education on relaxation techniques, rebozo shake apple the tree, and massage. The duration of labor was 4 hours and 48 minutes. Postpartum monitoring was carried out until the 42nd day, and the involution process went well. The first day of breastfeeding was not smooth, so oxytocin massage was carried out and taught. During the neonatal period, the baby's condition was crying loudly, active muscle tone, reddish skin color, male gender, BB: 2990 grams, PB: 48 cm with Apgar Score 8/9, IMD had been carried out for 1 hour, given vitamin K prophylaxis, eye ointment, HB0 immunization, and in KN1–KN 4, Mrs. S's baby did not experience any complaints. It can be concluded that Mrs. S's pregnancy, labor, postpartum, and neonatal period were normal, no complications were found, and complementary care had been given according to the mother's needs.

Keywords: Continuity Of Care, Complementary Care, Case Management

Introduction

The Maternal Mortality Rate (MMR) based on the 2020 population census was 189 per 100,000 live births, which almost reached the target of the 2024 National Medium-Term Development Plan of 183 per 100,000 live births. Efforts to reduce MMR are carried out during pregnancy, childbirth, and postpartum. (Central Statistics Agency, 2024) One of the eight agendas of the 2025-2045 National Long-Term Development Plan (RPJPN) to achieve the vision of Golden Indonesia 2045 is to realize social transformation by improving the quality of human life throughout the life cycle and creating a healthier, smarter, more prosperous, superior, and competitive society. For this reason, there are three missions to be achieved, namely: health for all, equitable quality education, and adaptive social protection. The determination of these three missions is due to Indonesia's opportunity to experience a demographic bonus, where the productive age population (15-65 years) is large and can be the engine of national development. Therefore, investment is needed in the younger generation to reach their full potential so that they are qualified, productive, and able to compete and contribute to the economy and build the nation. (Law of the Republic of Indonesia No. 59, 2024)

Through the 2020-2025 RPJMN Agenda, where the Ministry of Health is transforming the maternal and infant health service system with a community approach such as preparing mothers who are fit to get pregnant; detecting pregnancy complications as early as possible in health services, childbirth in Health Facilities and Services for babies born (Ministry of Health, 2021). To implement the 2020-2025 National Medium-Term Development Plan Agenda, Continuity of Care (COC) care is carried out. Continuity of Care (COC) care is continuous care from the preconception period, pregnancy, childbirth, postpartum to family planning (KB) as an effort to optimize the detection of high maternal and neonatal risks, which can help accelerate efforts to reduce MMR and IMR. In reality, there are still deliveries that experience complications resulting in maternal and infant deaths (Juliana Munthe, 2019).

Success in providing comprehensive midwifery care in Indonesia in 2020, where the maternal mortality rate was 203/100,000 births. In midwifery care, the author provides comprehensive and continuous care during the pregnancy process until the postpartum process ends. Continuity of Care is one of the efforts of the midwife profession to improve midwifery services in the community. Midwifery students are

trained independently to be able to help women from pregnancy to the end of the postpartum period and can apply complementary concepts based on the background that has been presented above, so the author is interested in compiling a final scientific paper for midwives entitled "Continuous care for Mrs. S. at TPMB Ida Nopiah Salipah, S.Keb., Bdn. Padurenan Mustika Jaya Bekasi".

Method

Patient data is collected using anamnesis and physical examination methods. After that, care planning is made based on the results of the patient's anamnesis and physical examination.

Data Collection Results

To the mother (Mrs. S)

1. Diagnosis Mrs. S

Mrs. S, 33 years old, G5P3A1, 35 weeks gestation > 5 days with mild anemia. Basis for mother's diagnosis: The mother admitted that this was her fifth pregnancy, a history of one previous miscarriage, HPHT date 1-8-2024, HPL 8-5-2025, HB 10gr/dL, TFU examination, Mc Donald 32 cm.

Single fetus alive intrauterine, head presentation, mother and fetus are in good condition. Basis: The mother felt her fetus move, and on Leopold 3 examination, the head was palpable, DJJ 142x/minute, regular.

2. Actual Problems None
3. Care needs are Education to overcome anemia, frequent urination, vaginal discharge, and pain in the waist.

To the Baby

1. Diagnosis

Full-Term Neonates According to Gestational Period

Basic: gestational age at delivery 37 weeks, birth weight 2990 grams

2. Actual Problems None
3. Care needs are Newborn Care Education

Midwifery care

Table 1: Midwifery care stages from pregnancy to postpartum

Stages of midwifery care	Problems/ Complaints	Interventions carried out	Rationalization of Interventions
Pregnancy	Problems found during the first visit were frequent urination, up to 10 times a day.	Teaching mothers Kegel exercises	Pregnant women who do Kegel exercises regularly for 5-10 minutes in a sitting position on the bed with the position between their legs stretched can help prevent and overcome frequent urination. Based on research conducted (Ziya et al., 2021), Kegel exercises can reduce and overcome complaints of frequent urination in pregnant women in the third trimester. (Ziya, 2021)
	Pain in the back	Providing care regarding the causes of back pain and its treatment with relaxation techniques	1. Back pain is mostly caused by changes in posture during pregnancy and the center of gravity shifts forward due to an enlarged abdomen, varicose veins, heredity, prolonged standing, and age, plus hormonal factors (progesterone) and pelvic floor congestion. This back pain will have an impact on the pregnancy, such as causing difficulty walking. if not treated immediately, it can have long-term consequences, namely increasing postpartum back pain and being more difficult to treat or cure. Other complications of back pain are worsening mobility, which can inhibit activities such as driving vehicles, caring for children, and affect the mother's work, insomnia, which causes fatigue and irritability. The impact is so great that the problem of back pain must be addressed (Lilis, 2019). 2. According to Suksesty, relaxation techniques are effective in relieving pain in the third trimester and have benefits for sports or physical exercise that function to prepare for childbirth because the exercise techniques emphasize the flexibility of the birth canal muscles, breathing techniques, relaxation, and peace of mind of the mother during the labor process (Suksesty, 2021) 3. Ummah (2012) found that body mechanics are related to the incidence of back pain in pregnancy. Good body mechanics will reduce the incidence of back pain. It can also stabilize muscle tone and posture, maintain body weight, overcome stress, increase relaxation, and improve blood circulation to muscles and other organs of the body. The results of this study are in line with research conducted by Dewi (2017), which states that most pregnant women in the third trimester have good body movements and do not feel lower back pain.
Labor	During the labor process, the mother feels labor pain,	Providing complementary birth ball care with the rebozo shake apple tree technique, with movements that can reduce pain and speed up labor.	1. Birth ball is a physical therapy ball that helps mothers in the first stage of labor to achieve a position that helps progress in labor. A physical therapy ball that helps progress in labor and can be used in various positions. One of the movements is sitting on the ball and rocking back and forth to create a comfortable feeling and help progress in labor by using gravity while increasing the release of endorphins because the elasticity and curvature of the ball stimulate receptors in the pelvis that are responsible for secreting endorphins (Kurniawati, 2017). 2. One factor that can affect pain is attention. Increased

			attention is associated with increased pain, and vice versa. Distraction is associated with a decrease in a person's response to pain. By focusing the client's attention and concentration on other stimuli, their awareness of pain decreases. When a mother in labor applies the use of a birth ball, her attention to pain will be diverted by physical activity, by doing patterned movements that make her feel comfortable and relaxed, and can build the mother's confidence to cope with the pain she feels. In this way, the pain felt by the mother can be reduced (Fadmiyanor et al., 2017). 3. In the research of Mardiana and Suksesty, there are 2 types of rebozo techniques used, namely shifting and shaking the apple tree. Rebozo shifting is useful for helping the ligament muscles in the uterus, while the apple tree is more for the pelvic muscle ligaments. If the mother's ligament muscles are tense and the birthing position is not good, the uterus will be in a tilted position so that the baby has difficulty descending into the pelvis. So the rebozo technique helps mothers in the process. (Mardianah & Suksesty, 2021)
	Irregular cramps accompanied by pain	Relaxation and rebozo techniques	1. Diversion techniques or pain management are one of the non-pharmacological actions that are very necessary for medical personnel to help reduce pain or pain that occurs during the labor process, especially in the first stage of labor. Many techniques can be done to reduce pain, one of which is by applying deep breathing relaxation techniques, or Deep Breathing, by regulating breathing patterns in such a way that it will reduce the pain caused by cervical dilation during the labor process. (Widiyanto, 2021) 2. According to Rukmala, reducing pain by deep breathing relaxation techniques is caused when someone does deep breathing relaxation to control the pain they feel, the body will increase the parasympathetic nerve component in a stimulating manner, so this causes a decrease in cortisol and adrenaline hormone levels in the body which affects a person's stress levels so that it can increase concentration and make clients (Rukmala, 2016)
		Massage Therapy	To reduce pain during labor, one of the techniques can use non-pharmacological techniques. Massage/Touch is a non-pharmacological method without using drugs, safer, simpler, and does not cause adverse effects, and refers to maternal care (Judha, 2012). Back massage during labor can function as an epidural analgesic. The effectiveness of Back Massage in reducing labor pain can reduce pain and stress, and can provide comfort to the mother in labor. This action does not cause side effects on the mother and baby. This back massage can be done by health workers, the patient's family, or the patient herself. Back massage stimulates receptors that make the mother in labor more comfortable because muscle relaxation occurs (Hariyanti, 2014)
Postpartum	Low breast milk production	Oxytocin Massage	Oxytocin massage stimulates the production of oxytocin by the posterior pituitary gland (neurohypophysis). Oxytocin enters the circulatory system and causes

			contraction of special cells (myoepithelial cells) that surround the mammary alveoli and lactiferous ducts. Oxytocin massage is one solution to overcome insufficient breast milk. Oxytocin massage is a massage along the spine (vertebrae) to the fifth-sixth costae bone and is an effort to stimulate the hormones prolactin and oxytocin after giving birth (Biancuzzo, 2003)
	On the first visit, the mother experienced problems with her breast milk not flowing smoothly.	Communication, Information, and Education on Nutrition and Oxytocin Massage	1. Breastfeeding is expected to be able to realize the target of Sustainable Development Goals (SDGs) 3, target 2, namely by 2030, ending infant and toddler mortality to 12 per 1,000 live births. Barriers to exclusive breastfeeding include insufficient breast milk supply (32%), nipple problems (28%), swollen breasts (25%), the influence of formula milk advertisements (6%), and working mothers (5%), as well as the influence of others, especially family members (4%). Therefore, support for breastfeeding from families, communities, and health workers is needed to produce a healthy and quality generation (Jahriani, 2019). 2. According to Hemranani (2020), oxytocin massage is one way to stimulate the release of oxytocin from the posterior pituitary gland. The frequency of oxytocin massage can also affect breast milk production. Oxytocin massage is more effective if done twice a day, namely every morning and evening. This release of breast milk occurs because the smooth muscle cells around the alveoli contract, squeezing the breast milk out. The cause of the muscles contracting is a hormone called oxytocin. By providing education about oxytocin massage, it is hoped that it can be practiced so that breast milk production becomes smooth.

Conclusion

1. Pregnancy Midwifery Care

MRS. S G5P3A1 Age 35 weeks 5 days underwent 10 pregnancy midwifery care visits, namely 3 times TM I, 3 times TM II, and 3 times TM III. During pregnancy, MRS. S received good pregnancy midwifery care and made regular visits with the 10T standard. The results of the pregnancy examination found that MRS. S had complaints of back pain, vaginal discharge and frequent urination. The mother was then given complementary care with relaxation techniques aimed at reducing pain and body mechanics in MRS. S's back. The vaginal discharge experienced for approximately a week until using boiled betel leaves and wearing cotton underwear.

2. Childbirth Midwifery Care

The first stage of MRS. S's labor lasted for 4 hours and 30 minutes; the second stage lasted 13 minutes, the third stage 5 minutes, and the fourth stage 2 hours. Delivery

assistance for MRS. S was carried out following Normal Delivery Care (APN). The results of observations during labor showed that Mrs. S experienced labor pain, so complementary birthing ball care with rebozo shake apple the tree was applied, which aimed to reduce pain and speed up Mrs. S's labor.

3. Postpartum Midwifery Care

During the postpartum period, Mrs. S had postpartum visits up to 6 weeks postpartum. The frequency of postpartum visits made by the mother was postpartum visit I at 6 hours postpartum, postpartum visit II at 6 days postpartum, visit III at 14 days postpartum, and visit IV at 30 days postpartum. During the postpartum period, Mrs. S had problems with the flow of breast milk, and complementary management was carried out, namely Oxytocin Massage, and the problem was resolved well.

4. Newborn Midwifery Care

Newborn Midwifery Care (BBL) took place normally, and there were no problems. Mrs. S's baby received 4 neonatal visits, namely neonatal visit I at 6 hours after birth, neonatal visit II at 5 days after birth, neonatal visit III at 19 days, and visit IV at 28 days after birth for immunization. No problems were found.

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Conflict of Interest

There is no conflict of interest

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