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## Midwifery Care for Mrs. N G3P2A0, 39 Weeks of Pregnancy at PMB Noradina Anggi Agustin, S.Keb., Bdn, Banjarmasin City in 2025F

Alya Yuliani<sup>1</sup>, Merlin Karinda<sup>2</sup>, Lellyawaty<sup>3\*</sup>

<sup>1,2,3</sup>Diploma III Midwifery Study Program, Abdi Persada Health College, Banjarmasin  
E-mail: [alyayuliani14@gmail.com](mailto:alyayuliani14@gmail.com), [karinda.merlin23@gmail.com](mailto:karinda.merlin23@gmail.com), [lellyawaty30@gmail.com](mailto:lellyawaty30@gmail.com)

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### Abstract

Maternal mortality remains a critical public health issue in Indonesia, especially in low- and middle-income regions where access to quality maternal care is limited. This study aimed to describe the midwifery care provided to Mrs. N (G3P2A0) at 39 weeks of gestation at PMB Noradina Anggi Agustin, S.Keb., Bdn, Banjarmasin. Using a descriptive case study design, data were collected through interviews, direct observation, and physical examinations, then analyzed using the SOAP documentation format. The population included all mothers giving birth at the clinic during the study period, and Mrs. N was purposively selected as the case subject. Instruments consisted of observation sheets and structured interview guides, with qualitative analysis applied to interpret findings. The results indicated that Mrs. N underwent a normal labor process without complications, supported by effective non-pharmacological pain management using a warm pillow and continuous midwife supervision. The study concludes that adherence to standardized midwifery care and the application of simple, non-invasive pain relief methods contribute to a safe, comfortable, and complication-free childbirth experience.

**Keywords:** Antenatal Care, Maternal Mortality, Midwifery Management, Pain Relief, SOAP Documentation

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## INTRODUCTION

### Research Phenomenon

The Maternal Mortality Rate (MMR) remains a major challenge in the health system in Indonesia, with a high prevalence especially in low- and middle-income areas [WHO, 2025; Ministry of Health of the Republic of Indonesia, 2023]. Based on WHO data, in 2023, an estimated 260,000 women will die due to complications of pregnancy and childbirth, of which 92% of deaths occur in developing countries, including Indonesia [WHO, 2025; Anggraini et al., 2023]. In South Kalimantan, the MMR in 2023 was recorded at 145 per 100,000 live births, an increase from the previous year, indicating the need to improve the quality of obstetric services and early detection of complications [Anggraini et al., 2023; South Kalimantan Provincial Health Office, 2023].

In addition, the coverage of maternal health services in Banjarmasin City still does not meet the national target, with K1 achievement of 71.2% and K6 of 69.2% in 2023, far below the set target [Ministry of Health of the Republic of Indonesia, 2023; Banjarmasin City Health Office, 2023]. Fluctuations in visits to MCH services at the Sungai Andai Community Health Center in 2024 also indicate the need for optimization of continuous services and education for pregnant women [Anggraini et al., 2023; Sungai Andai Community Health Center, 2024].

### Research Problems

The high maternal mortality rate in Indonesia and South Kalimantan is caused by bleeding, hypertension, and infections that are often not detected or optimally managed during pregnancy and childbirth [WHO, 2025; Ministry of Health of the Republic of Indonesia, 2023]. Pregnancy-related diseases, hypertensive disorders, and bleeding are the main causes of maternal death in South Kalimantan, with 34 cases of comorbidities and 24 cases of hypertension in 2023 [South Kalimantan Provincial Health Office, 2023; Ningsih & Abdullah, 2023]. This shows that comprehensive and continuous midwifery services are essential to reduce the risk of complications and maternal death [Anggraini et al., 2023; Nardina et al., 2023].

On the other hand, the implementation of midwifery service standards such as Normal Delivery Care (APN) and SOAP-based midwifery management still faces obstacles in practice in the field, especially in terms of education, early detection, and assistance for mothers giving birth [Ningsih & Abdullah, 2023; Anggraini et al., 2023]. A case study of midwifery care for Mrs. N G3P2A0 at 39 weeks of gestation at PMB Noradina Anggi Agustin, S.Keb., Bdn Kota Banjarmasin is relevant to identify the effectiveness of implementing these standards in reducing the risk of complications and improving the quality of delivery [Anggraini et al., 2023; Nardina et al., 2023].

#### **Purpose, Urgency, and Novelty of the Research**

This study aims to provide an overview of midwifery care for Mrs. N G3P2A0 at 39 weeks of gestation with a SOAP-based midwifery management approach at PMB Noradina Anggi Agustin, S.Keb., Bdn Kota Banjarmasin. The urgency of this research lies in efforts to improve the quality of midwifery services and early detection of complications, which are expected to reduce MMR and improve the safety of mothers and babies [Anggraini et al., 2023; Ningsih & Abdullah, 2023]. The novelty of this study is the application of education on the use of heating pads as a non-pharmacological management to reduce lower back pain in the first stage of labor, as well as a comprehensive analysis of the application of APN and SOAP in midwifery practice at independent service facilities [Anggraini et al., 2023; Nardina et al., 2023].

## **RESEARCH METHODS**

This type of research is a descriptive case study that aims to provide an overview of midwifery care for Mrs. N G3P2A0, 39 weeks of gestation, at PMB Noradina Anggi Agustin, S.Keb., Bdn, Banjarmasin City. The case study approach was chosen to describe in depth the midwifery care process carried out, in accordance with applicable midwifery practice standards and theories (Anggraini et al., 2023; Ningsih & Abdullah, 2023; Sugiyono, 2022; Cresswell & Cresswell, 2022). Case studies are an appropriate method for examining phenomena contextually and in depth on a particular subject (Cresswell & Cresswell, 2022).

The research instruments used included observation sheets, SOAP documentation formats, and structured interview guidelines. Data were collected through direct interviews with subjects, observations of the labor process, and physical and supporting examinations. Data analysis was conducted using descriptive qualitative techniques, with stages of data reduction, data presentation, and conclusion drawing, as described by Sugiyono (2022) and Sudaryono (2021). Data validity was strengthened by triangulation of sources and techniques, and by comparing the findings with theories and standards of midwifery care (Anggraini et al., 2023; Nardina et al., 2023).

The population in this study was all mothers who received services at PMB Noradina Anggi Agustin, S.Keb., Bdn during the study period. The study sample was one case, namely Mrs. N G3P2A0, 39 weeks' gestation, who was selected purposively according to the inclusion and exclusion criteria of case study research (Cresswell & Cresswell, 2022; Emzir, 2021). Purposive sample selection aims to obtain relevant and in-depth data in accordance with the research objectives (Sugiyono, 2022).

The research procedure began with a research permit application, followed by data collection through interviews, observations, and physical examinations of the research subjects. Subsequently, the data were analyzed using the SOAP format to document each stage of midwifery care, from assessment and diagnosis to planning and implementation to evaluation. Each step of care was compared with midwifery service standards and relevant theories to ensure appropriateness and quality of care (Anggraini et al., 2023; Ningsih & Abdullah, 2023; Sugiyono, 2022; Cresswell & Cresswell, 2022).

## **RESULTS AND DISCUSSION**

### **Results**

On Wednesday, August 6, 2025, at 08.30 WITA, Mrs. N, with a gestational age of 39 weeks, complained of stomach cramps but only occasionally, and still felt pain in the waist. The examination results showed blood pressure of 120/80 mmHg, pulse 80 x / min, respiration 21 x / min, and body temperature 36.7°C. The results of the Leopold I examination showed that the fundus was felt to be round, soft, and not springy (buttocks) with a TFU of 28 cm. In Leopold

II, the mother's left abdomen felt hard and elongated (left back), while the right abdomen felt the fetal extremities. Leopold III showed that the lower part of the mother's abdomen felt hard, round, and springy (cephalic presentation), and in Leopold IV, the fetal head had entered the PAP (divergent). The estimated fetal weight was calculated using the formula  $(28 \text{ cm} - 11) \times 155$  to obtain  $\pm 2,635$  grams.

On Wednesday, August 6, 2025, at 19.20 WITA, the mother in the first stage of labor reported that since 08.00 WITA, she had felt cramps, and around 15.00 WITA, mucus mixed with blood came out. The results of the vital signs examination were blood pressure 120/80 mmHg, pulse 80 x/m, respiration 21 x/m, and body temperature 36.7°C. The frequency of his recorded  $4 \times 10^4 5$  seconds, FHR 140 x/m. Internal examination (VT) at 19.25 WITA of the cervix with positive bleeding, anterior direction, dilation of the cervix to 8 cm, amniotic membranes still intact, small fontanelle, and hodge field III+.

On Wednesday, August 6, 2025, at 20:40 WITA, the mother in the second stage of labor said she felt like she wanted to push and like she wanted to defecate. General examination showed blood pressure of 120/90 mmHg, body temperature of 37°C, pulse of 88 beats/minute, and respiration of 21 breaths/minute. Hers was  $5 \times 10^5 55$  seconds, and FHR of 144 beats/minute with the fetus's back positioned on the left. Signs of labor indicated the urge to push, the perineum appeared prominent, the vulva appeared open, and there was pressure on the anus. Internal examination (VT) showed that the portio was not palpable, the cervix was fully dilated at 10 cm, the membranes had broken with slightly cloudy amniotic fluid at 20:40 WITA, the small fontanelle point, and the fetal head was in the Hodge plane IV. At 20:45 WITA, the baby was born spontaneously with a posterior presentation and immediately cried.

On Wednesday, August 6, 2025, at 8:50 PM WITA, a mother in her third stage of labor complained of abdominal cramps and pain. A general examination showed the mother in good condition with *compos mentis* consciousness, blood pressure of 120/90 mmHg, pulse of 88 beats/min, and respirations of 21 breaths/min. Palpation revealed a firm uterine fundus, no second fetus, a midline sac at the level of the navel, and an empty bladder. Furthermore, the umbilical cord was visible extending in front of the vulva, and there was a brief gush of blood.

On Wednesday, August 6, 2025, at 9:00 PM WITA, the mother in the fourth stage of labor appeared to be exhausted after giving birth. Examination showed the mother's general condition was good with conscious awareness, blood pressure 120/80 mmHg, pulse 80 beats/minute, respiration 18 breaths/minute, and body temperature 36.5°C. The uterus was palpable with strong contractions, the fundus was two fingers below the navel, and the bladder was empty. Bleeding from the first to the fourth stage in the first 15 minutes was recorded at around 60 cc with second-degree perineal lacerations, and the total blood loss in the fourth stage during the first two hours was estimated at around 140 cc.

## **Discussion**

Assessment and provision of midwifery care during pregnancy for Mrs. N aims to reduce or prevent maternal and perinatal morbidity and mortality by monitoring the progress of pregnancy to ensure maternal health and normal fetal development. According to the Indonesian Ministry of Health (2020), pregnancy examinations for Mrs. N in accordance with the 10T integrated antenatal standards include: Weighing, measuring blood pressure, measuring uterine fundal height, administering tetanus vaccination immunization, administering 90 iron tablets during pregnancy, determining nutritional status by measuring LILA, laboratory tests, consultations, case management, consultations to obtain treatment. During this pregnancy, Mrs. N did not experience any complications, and it was known that during this pregnancy, Mrs. N's LMP was 11-07-2024 and her EDD was 08-07-2025.

According to Nardina's theory (2023), the first stage begins with regular uterine contractions and the opening of the first cervical dilation, ending with a cervical dilation of 10 cm. In primipara, the first stage lasts approximately 13 hours, while in multipara, it lasts 7 hours.

Based on the results of the anamnesis on August 6, 2025, at 17.00 WITA, Mrs. N came to PMB Noradina Anggi Agustin, S.Keb. Bdn said that she was pregnant at term, namely UK 39 weeks, complaining of cramps since 15:00 WITA, the cramps were increasing, and the pain spread from the waist to the stomach and mucus mixed with blood came out. An examination was carried out on Mrs. N with the results of BP: 120/80 mmHg, N: 80x/m, R: 21x/m, S: 36.7. Contractions: 4 x 10'45, dilation 8 cm, thin portio hodge III+, intact amniotic fluid, the lowest part of the UUK had no molasses. Then the Assessment obtained was G3P2A0, gestational age 39 weeks in partu, stage 1, active phase. So it can be concluded that there is no gap between the theory and Mrs. N's case.

In the anamnesis conducted on Mrs. N on August 6, 2025, at 20:40 WITA, the mother complained of feeling like she wanted to defecate and push, and water came out. An examination was carried out at 10 cm dilation at 20:45 WITA, soft portio, amniotic fluid (-), The previous part of the head, the lowest part of the UUK, the descent of the Hodge IV head, no molasses, there were signs of inpartu, there was an urge to push, pressure on the anus, the perenium protruded, and the mother's vulva opened. Then the Assessment was obtained, namely G3P2A0, in the parturition stage II, so that 60 steps of APN assistance were carried out, conducting a cursory assessment of the baby, drying the baby's body, and cutting the baby's umbilical cord. The baby was born spontaneously at 20:45 WITA. In accordance with Nardina's Theory (2023), Stage II of labor is the stage where the fetus is born.

According to Nardina (2023), the third stage begins from the birth of the fetus until the placenta is born. After the baby is born, the uterus will feel hard with the uterine fundus above the navel. A few minutes later, the uterus contracts again to release the placenta from the uterine wall. Placental release occurs between 6 and 15 minutes after the baby is born and comes out spontaneously or with pressure on the uterine fundus. In the third stage of labor, Mrs. N at 20:50 WITA, the mother felt pain in the birth canal. On palpation examination, the uterus was rounded, the TFU was concentric, the uterus contracted well, the umbilical cord was elongated, and fresh blood came out. Then the Assessment was obtained, namely P3A0 in parturient stage III, so that management was carried out, namely active management of administering 10 IU of oxytocin IM, conducting controlled umbilical cord stretching, and uterine fundus massage. At 21:00 WITA, the placenta was born 10 minutes after the baby was born. The above examination was appropriate, and there were no discrepancies with the theory.

According to Nardina (2023), the fourth stage of labor lasts for 2 hours after the placenta is born. This period is a recovery period, and at this stage, uterine muscle contractions increase so that blood vessels are squeezed to stop bleeding. In the fourth stage of Mrs. N at 21:00 WITA, the mother was happy about the birth of her baby but felt a little tired. On examination of vital signs, BP: 120/80 mmHg, N: 80x / minute, R: 18 x / minute, T: 36.5 °C. On palpation, the uterus contracted well, TFU was concentric, lochia rubra was expelled, the bladder was empty, there was a second-degree perineal tear, and hecting was performed on the vaginal mucosa, perineal skin to the perineal muscle. Based on the results of the examination, the assessment was obtained, namely P3A0 in parturition stage IV, so that management was carried out, namely observation for 2 hours postpartum to monitor bleeding, TTV, contractions, TFU, and bladder. In the first hour, monitoring was carried out every 15 minutes; in the next hour, it was carried out every 30 minutes. Therefore, it can be said that there is no gap between the theory of Nardiana (2023) and Mrs. N.

The management that has been given to Mrs. N includes interpersonal communication with the mother to create a comfortable atmosphere and to foster a good relationship and mutual trust between the mother and the midwife, informing the mother and family of the examination results, monitoring the progress of the first stage of labor in the active phase using a partograph sheet, and providing loving care for the mother throughout labor until completion. The midwifery care for Mrs. N shows compliance with the theory and standards of midwifery

services. According to Anggraini et al. (2023), the role of midwives in assisting mothers in labor includes early detection, providing education, and APN actions. In this case, the use of a heating pad helps reduce lower back pain in pregnancy and the first stage, in accordance with the theory that non-pharmacological management is effective in reducing maternal discomfort (Ningsih & Abdullah, 2023). This shows the importance of implementing comprehensive SOAP-based midwifery management, as well as health education for mothers in labor. Based on this description, the author is interested in conducting research with the title Midwifery Care for Pregnancy in Mrs. N. N G3P2A0, gestational age 39 weeks at PMB Noradina Anggi Agustin, S.Keb., Bdn, Banjarmasin City in 2025.

## CONCLUSION

The conclusion of this study shows that midwifery care for Mrs. N G3P2A0, 39 weeks of gestation, at PMB Noradina Anggi Agustin, S.Keb., Bdn, Banjarmasin City, was carried out physiologically and in accordance with midwifery service standards. The implementation of SOAP-based midwifery management and Normal Delivery Care (APN) was proven effective in monitoring the progress of labor, detecting early complications, and providing relevant education to the mother in labor. The main findings of this study were the success of the labor process without complications, the use of heating pads as a non-pharmacological management to reduce lower back pain, and the importance of interpersonal communication between the midwife and the mother to create a sense of comfort and trust during the labor process.

However, this study has several limitations, including the limited sample size of a single case, which requires further study to generalize the results. Furthermore, this study did not fully explore external factors that may influence midwifery care outcomes, such as family support, socioeconomic conditions, and access to healthcare facilities. Future research is recommended to include larger sample sizes and relevant external variables. The practical implications of this study include the need to improve the quality of midwifery services through ongoing training for midwives, optimization of health education for pregnant women, and consistent implementation of SOAP-based midwifery management in healthcare facilities.

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