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## **Midwifery Antenatal Care of Mrs "S" Gestation 38 Week 1 Day with Hypertension in Health Watampone District of Bone**

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### **Abstract**

The gestation period is a condition that requires attention, especially the health of mother and fetus or infant, one of which needs to be aware of the pregnant mother is hypertension that occurs in pregnancy, because hypertension in pregnancy is 5-15% complication of pregnancy and is one of three causes The highest maternal mortality and morbidity. In this study applied the approach of midwifery care management process that includes 7 steps Varney namely: basic data collection, identification of diagnosis / actual problem, identification of diagnosis / potential problems, the determination of the need for immediate action or collaboration, develop a plan of care, care management and evaluation. The data collection is done by anamneses / interview with clients, husband, and family to obtain the data needed to provide midwifery care to clients. Method used in arranging this study included library studies, case study by using the approach of midwifery care management process that includes 7 steps Varney namely: basic data collection, identification of diagnosis / actual problem, identification of diagnosis / potential problems, the determination of the need for immediate action or collaboration, develop a plan of care, care management and evaluation. Result indicated that results of the identification data and basic data analysis in the case of Mrs. "S" then obtained complaint mothers often dizziness, headache and have done a physical examination with a blood pressure of 140/90 mmHg results. This is the same with the theory of signs and symptoms of hypertension in pregnant women.

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This shows that between theory and practice there are no gaps. Mrs "S" diagnosis / actual problem is enforced hypertension in pregnancy. In diagnosis or actual problems in the use of midwifery care approach that is supported and is back by some of the data. From the analysis and the data in the case of Mrs "S" with hypertension in pregnancy, then get diagnosis / potential problem is preeclampsia from case of Mrs "S" with hypertension in pregnancy collaborative action with the doctor in medicine.

**Keywords:** Midwifery, antenatal care, hypertension

## **1. Introduction**

Indonesia Demographic Health Survey (IDHS) ie Maternal Mortality Rate (MMR) in Indonesia at this time according to Indonesian Demographic Health Survey in 2011 were about 228 / 100,000 live births, direct causes of maternal death is hemorrhage 60-70%, 10-20% infection and eclampsia 10-20%. While the maternal mortality rate (MMR) in Indonesia in 2012 rose rapidly to become 359 per 100 thousand live birth rate of medical factors or directly led by obstetric complications or disease becomes more severe during pregnancy that ended with the death that is bleeding 28%, 24% eclampsia, infections 11%, 5% abortion, prolonged labor 5%. (4731 <http://www.tabloidbintang.com/> lowering pregnant maternal mortality rate through program-smartphones) (accessed on 10 April 2014 13:50 o'clock pm) [1].

The data in getting from South Sulawesi Provincial Health Office maternal deaths in 2011 were 121 people with the most common cause is bleeding that is 63 people (52.07%), hypertension in pregnancy 28 (23:14%), infection 1 (0.83%), abortion 1 (0.83%), prolonged labor 1 (0.83%) and other causes 26 (21:48%). While in the year 2012 from the mother's health routine data coverage number of births recorded in South Sulawesi province at 93.7% and coverage of handling delivery complications 51.3%. And the number of maternal deaths in South Sulawesi in 2012 were 140 people from 159 665 deliveries caused by bleeding 73 people (52.14%), infection of 3 people (2:14%), hypertension 33 (23:57%), abortion 1 (0.71%), prolonged labor 2 (1:42%), other causes of 28 people (20%). (<http://dknsupa.info/en/headlines/891>) (accessed on 1 April 2014 Time: 20:15 pm) [2].

Data from the District Health Office Bone in 2012 maternal mortality by 4 people with the cause of preeclampsia 3 people and 1 person bleeding, whereas maternal deaths in 2013 as many as 10 people to the cause of eclampsia 4 people, 3 people bleeding, other complications 3 people. In 2011 recorded a pregnant mother who checked her pregnancy were 15310 (99.96%) and those who have cases of hypertension in pregnancy as many as 278 people, and in 2012 was recorded with 15011 people pregnant women (98.01%) of the number of pregnant women checkups are experiencing hypertension cases with 94 people, and in 2013 pregnant women during their pregnancy with 15 035 people (97.23%) and those with hypertension cases as many as 79 people. (Profile Bone County Health Department. Year 2011-1013) data collection on April 14, 2014 Time: 11:10 pm) [3].

Data from the medical records of the year 2011 health centers Watampone recorded that pregnant women were 929 people (102.37%) and those with hypertension cases were three people and in 2012 the number of pregnant women who checkups 929 people (96.02%) and the experienced hypertension were as 8 people, and in 2013 the

incidence of hypertension increased from the previous year of the number of pregnant women who checkups 954 people (72.82%) and those with hypertension were 22 people. (PHC UPTD Watampone, Bone Regency, 2011-2013) collection of data on 15 April 2014 hours: 11:10 pm. By looking at the data over the high incidence of hypertension in pregnancy, the authors are interested in writing this Scientific Paper entitled "Midwifery Care of Mrs" S "With Hypertension in Pregnancy of Watampone, Bone Regency Health Center, April 15, 2014; [4].

## **2. Materials and Method**

Method used in this study included library studies, case study by using the approach of midwifery care management process that includes 7 steps Varney namely: basic data collection, identification of diagnosis / actual problem, identification of diagnosis / potential problems, the determination of the need for immediate action or collaboration, develop a plan of care, care management and evaluation. The data collection is done by anamneses / interview with clients, husband, family to obtain the data needed to provide midwifery care to clients. For physical examination we performed physical examination to clients ranging from head to toe with a through physical examination and laboratory tests. Lastly, psychosocial assessment for emotional status, patterns of interaction and response to state how the relationship with family members.

## **3. Results**

### ***Step I Basic Data Collection***

History Pregnancy Now; the first pregnancies and never miscarried, HPHT On July 22, 2013, TP Date 29 April 2014, Mothers get your period since the age of 15 years, mother menstruation every 28-30 days for 5-6 days, no pain during menstruation, maternal fetal movements felt since gestation  $\pm$  5 months, maternal fetal movement is felt in the left side of the abdomen, never consume drugs without a prescription from your midwife / doctor, TT1 and TT2 Watampone already given at the health center is dated November 3, 2013 TT1 and TT2 dated 05 December 2013, and complaints: Often feel dizzy and tense the neck.

Maternal Health History included ; mother never hospitalized, mother never had hypertension before, mother no history of hypertension, diabetes, heart, mother never relying on drugs and smoking. Then for History of Psychology / Social, Economic, and Spiritual included; her husband and family always give support and encouragement to mothers, her husband and family would like birth is assisted by midwives, mother lived with her husband, decision makers in the family is the husband, income support a household husband, mother always pray for the safety of herself and her fetus, mother just believe in Allah regarding her pregnancy and always surrender and to pray five times. In addition for history reproduction included; Menarche of 15 years, the duration of menstruation: 5-6 days, menstrual cycle: 28-30 days. For history family planning covered that mother had been a previous acceptor KB injections 3 months for 1 year. Further, history meeting the basic needs such as ; nutritional needs, the type of food consumed was rice, fish, vegetables, frequency of eating: 3x a day, the food portions: one plate, drink 8-9 cups per day.

### ***Step II Identification Diagnosis / Actual Problems***

Diagnosis obstetrics: GI P0 A0, gestation 38 Week 1 Day, World Aft, Puka, Percentage Head, BAP, Intra Uterine, Single, Life, The state of Fetal Well And Circumstances Mother With Hypertension Problems.

### ***Step III Identification Diagnosis / Potential Problems***

Potential occurrence of Preeclampsia Subjective Data; Mothers often dizzy and feels tense the neck. Objective Data ; BP: 140/90 mmHg, Analysis and Interpretation of Data, Hypertension in pregnancy when the systolic blood pressure of 140 mmHg or diastolic blood pressure and 90 mmHg or more protein in the urine (-). If there is proteinuria and edema, the diagnosis of hypertension in pregnancy becomes preeclampsia [5].

### ***Step IV Determination Immediate Action / Collaboration***

Collaboration with physicians in oral drug delivery; 1. Nifedifin 1 x 1 Seed, 2. B.com 3 x 1 Seed.

### ***Step V Develop Comprehensive Care Plan***

Diagnosis: GI P0 A0, gestation 38 Week 1 Day, World Aft, Puka, Percentage Head, BAP, Intra Uterine, Single, Life, The state of Fetal Well And Circumstances Mother With Hypertension Problems. Actual Problem: Hypertension In Pregnancy. Potential problems: Potential occurrence of Preeclampsia. Objectives and Criteria; 1. Purpose; a. Living a good communication and mutual trust with the mother and family as well as maintain a sense of security and comfort. b. Mothers can pass through her pregnancy during semester III until at term without complications. c. The state of maternal and fetal well. d. Hypertension (High Blood Pressure) can be resolved. 2. Criteria; a. The mother has high blood pressure, b. Mother diligent checkups according, to schedule a visit, c. examination of the Abdomen, Leopold I: TFU 2 fingers below the PX (33 cm), gestation 38 weeks 1 day, part of the fundus is contained in the buttocks Leopold II: PUKA, Leopold III: Head, Leopold IV: BAP, FHR: within normal range 120-160, beats / min , d. Vital signs within normal limits: 1) Blood Pressure: 100-130 mmHg Systole: Diastole 70-90 mmHg 2) Pulse: 60-90 times / min, 3) Temperature: 36.5 to 37.5 ° C 4) Breathing: 16-24 times / min e. Mothers can adapt to the situation, 3. Action Plan a. Do informed consent. Rationale: By doing informed consent of the client in order to cooperate in every action; b. Tell the results of the mother about her condition and the condition of the fetus. Rationale: In order to share the mother results examination can know the situation and circumstances her baby and prevent anxiety. c. Explain the causes of dizziness that mothers feel and the way to overcome. Rationale: By providing an explanation to the mother causes of dizziness is felt that a mother can know the cause of the dizziness and the way to overcome and prevent the mother not to worry. d. Give your support to the mother. Rationale: In order for the mother can be strong and patient in dealing with pregnancy and surrender to God, and that the mother did not Mersa anxious. e. Provide counseling on HE ; 1) Nutrition pregnant women against pregnancy with hypertension problems by reducing salt intake more fruits and vegetables Rationale: By providing an explanation of nutrition so mother can know good food for him that a diet low in salt and consume plenty of fruits and vegetables. 2) Personal hygiene in pregnancy by encouraging mothers to frequently change clothes in when wet or soiled. Rational: Hygiene very important in addition to giving a sense of security and can prevent

infection. 3) Get plenty of rest which should sleep 7-8 hours a night and day 1-2 hours and do not do heavy work. Rationale: Adequate rest can reduce the heart's workload has increased because of pregnancy. f. Tell danger signs in pregnancy; Rationale: With the explanations given so that the mother knows the danger signs in pregnancy and when experiencing one of the danger signs of the expected mother immediately checked himself into the nearest health service to get help. g. Advise the mother to plan a labor and birth attendants. Rationale: With the explanation we gave so she can plan a delivery and mother can give birth safely and comfortably and can be handled well, especially if there are complications. h. Give therapy / treatment. Rational: Treatment given that the mother's blood pressure can drop and symptoms or complaints can be resolved. i. Advise the mother to the streets in the morning (for about 9 months of gestation) Rational: With many roads in order to help decrease the fetus into the pelvis. j. Advise the mother to re-visit at least 1 week ahead. Rational: By telling her that the need for repeated visits to the condition of the mother and the fetus can be handled immediately and prevent complications [6,7,8].

### ***Step VI Care Management***

1. informed consent to patients ; Results: Mothers are willing to cooperate with health workers  
2. Inform the mother about the results of the examination of the situation and the state of the fetus. Result: The state of the fetus and the mother state with hy pertension. BP: 140/90 mmHg, age, pregnancy 38 weeks 1 day.  
3. Explain the causes of dizziness are felt by the mother and the way to overcome. Causes of dizziness due to changes hemodynamic, the way to cope with waking up slowly after waking, avoid prolonged standing, lying supine Hundari. Results: I understand that lead to dizzy and know how to handling.  
4. Provide support and support to mothers. Results: Mothers are more confident and feel cared for.  
5. Provide counseling on HE: a. Nutrition of pregnant women against pregnancy with hypertension problems by reducing salt intake more fruits and vegetables. b. Personal hygiene in pregnancy by encouraging mothers to frequently change clothes in when wet or dirty. c. Adequate rest is preferably 7-8 hours of sleep a night and day 1-2 hours and not too many activities that the heart is not heavy.

Results: I understand the explanations given and willing to do what is recommended.  
6. Inform the danger signs in pregnancy; a. Severe headaches, b. blurred vision, c. Nausea and excessive vomit. d. Severe abdominal pain. e. Reduced fetal movement. f. bleeding pervaginam. g. high fever. h. convulsions. i. Swelling of the face and limbs. Results: I understand the danger signs of pregnancy and willing to check her pregnancy if there is a danger sign.  
7. Encourage the mother to plan a labor and birth attendants Results: Mothers will talk with a husband and birth attendants.  
8. Provide therapy / treatment: a. Nifedipine 1 X 1, b. B. Com 3 X 1, Results: Mothers willing to take the medicine according to the prescription given.  
9. Encourage the mother to the streets in the morning (for about 9 months of gestation). Results: Mothers willing to take a stroll in the morning and 10. Encourage the mother to re-visit a minimum of 1 week ahead Results: Mothers willing to perform repeated visits 1 week later [9,10,11].

### ***Step VII. Evaluation***

1. The mother is willing to cooperate with health workers

2. The state of the fetus and the mother with hypertension in pregnancy with BP: 140/90 mmHg, age, pregnancy 38 weeks 1 day.
3. Understand that it lead to dizziness and know how to handling.
4. Mothers are more confident and feel cared for.
5. Understand the explanations given and willing to do what is recommended.
6. Understand the danger signs of pregnancy and willing checkups if there is one of the danger signs.
7. She will talk with a husband and birth attendants.
8. She willing to take the medicine according to the prescription given.
9. The mother is willing to take a stroll in the morning
10. The mother willing to re-visit one week forward

#### **4. Discussion**

##### ***Step I Basic Data Collection***

In a literature review, hypertension is when a person has a blood pressure of 140 mmHg in systolic and diastolic blood pressure was 90 mmHg or more. While at the time of patient assessment dated 15 April 2014 obtained the data include blood pressure: 140/90 mmHg, Albumin (-), reduction (-), no edema of the face with a gestational age of 30 weeks 1 day. On the basis of the data collection phase the authors did not find an obstacle because at the time of data collection on a review of cases of patients in health centers provide the necessary information, making it easier to obtain data. Thus what is described in the literature with case studies appear to be any similarities which showed that checks blood pressure 140/90 mmHg.

##### ***Step II Identification Diagnosis / Actual Problems***

In library study for diagnosis or actual problems in the use of midwifery care approach backed and supported by some data both objective and subjective data obtained from the assessment carried out and to establish the diagnosis of hypertension should be known for certain blood pressure. In a review of cases in get gestational age 38 weeks 1 day patient is calculated from the first day of the last menstrual period until the date of assessment. In accordance with that stated in the literature that for the diagnosis of hypertension in pregnancy needs to be known sfor certain maternal blood pressure so it can be determined that the pregnancy had hypertension or not. And it is known from the results of a blood pressure of 140/90 mmHg. At this stage showed the presence of equation (no gap) between the literatures with case studies.

##### ***Step III Identification Diagnosis / Potential Problems***

In a review of midwifery care to identify potential problems that might occur in a patient based on careful observation data collection and observation and then evaluated whether there is an abnormal condition, and if it does not get immediate treatment can bring harmful effects to the patient. From the literature review of potential occurrence of hypertension in pregnancy preeclampsia. Based on data obtained from the results of the examination, there is no gap between the literature with potential problems that are found in the case study in

which hypertension in pregnancy can be preeclampsia.

#### ***Step IV Determination of Needs Immediate Action / Collaboration***

In a literature review in the management of hypertension is given medication that drop in blood pressure based on data obtained from the results of the examination. Meanwhile, in a review of the case during the inspection found that the blood pressure of 140/90 mmHg authors conducted in collaboration with the physician administering medications. It appears that there is no gap between the theory and the existing cases, the review of the literature treatment of hypertension in pregnancy.

#### ***Step V Developing Care Plans***

In a literature review of action plans in pregnant women with hypertension in pregnancy assessment 1 times a week on an outpatient basis: ie to monitor blood pressure, urine protein, albumin, edema, patellar reflex. While the practice is conducted encourage patients to come back after 1 week health centers to monitor blood pressure, protein in the urine, edema, patellar reflex. From the description apparent similarities between the review of the literature with a case study or no gaps.

#### ***Step VI Management Midwifery Care***

In a literature review on the management of pregnant women with hypertension in pregnancy are encouraged to visit one time in a week on an outpatient basis, a detailed examination of monitoring blood pressure, protein in the urine, edema, patellar reflex. While the practice is carried out in the field recommends that patients come back in 1 week health centers to monitor blood pressure, urine protein, edema, patellar reflex. Management of midwifery care to patients in accordance with the plan and the patient's condition and found no obstacle because all actions taken already oriented on client requirements and criteria set so that the goal can be achieved. It is also back by the attitude that clients can receive all the advice and actions are given. At this stage, no differences were found between the literature to review the case in the treatment of hypertension in pregnancy.

#### ***Step VII Evaluation***

In the literature review said evaluation is the final step of the process management of midwifery care. At this stage it can be seen the extent of midwifery care provided to clients and the purpose of midwifery care plan is said to have reached if the results meet the evaluation criteria have been set. In a review of cases it can be concluded that hypertension in pregnancy can be treated as patients are willing to do what is recommended by midwives .

### **5. Conclusions**

1. From the results of the identification data and basic data analysis in the case of Mrs. "S" then obtained complaint mothers often dizziness, headache and have done a physical examination with a blood pressure of 140/90 mmHg results. The same with the theory of signs and symptoms of hypertension in pregnant

women. This shows that between theory and practice there are no gaps.

2. In Mrs "S" diagnosis / actual problem is enforced hypertension in pregnancy. In diagnosis or actual problems in the use of midwifery care approach that is supported and is back by some of the data.
3. From the analysis and the data in the case of Mrs "S" with hypertension in pregnancy, then get diagnosis / potential problem is preeclampsia
4. From case of Mrs "S" with hypertension in pregnancy collaborative action with the doctor in medicine.
5. All the actions taken have been planned to resolve the case.
6. All of the plan has been implemented and in conditioning your mother with the case experienced by Mrs. "S".
7. The objective has been achieved as planned.
8. Documentation greatly needed because it is the responsibility of other health workers to midwifery care that has been done.

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