

Management of Midwifery Care for Ms. S, Age 27, G3P2A0, with a Post-Term Pregnancy Complicated by Primary Postpartum Hemorrhage at the Salbiyana Primary Care Clinic in 2026

Katrin Sihite¹, Naezsa Adelia Suherman¹, Fahrunnisa Herawati¹, Gracea Adventria Lumban Gaol¹, Laura Sitorus¹, Nopalina Suyanti Damanik¹, Salbiyana¹

¹STIKes Mitra Husada Medan, Medan, Indonesia

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Corresponding Author :

Naezsa Adelia Suherman

E-mail :

2419201029@mitrahusada.ac.id

ABSTRACT

Background & Objective: Postdate pregnancy is a pregnancy that lasts more than 42 weeks or 294 days and increases the risk of complications for both the mother and the fetus. Primary postpartum hemorrhage remains one of the leading causes of maternal mortality in Indonesia. This study aims to implement midwifery care in a case of postdate pregnancy complicated by primary postpartum hemorrhage using the 7-step Varney midwifery management approach. **Method:** This research used a descriptive method with a case study approach on Mrs. S, 27 years old, G3P2A0, who experienced postdate pregnancy and primary postpartum hemorrhage at Salbiyana Primary Clinic in 2026. Data collection was conducted through anamnesis, physical examination, observation, and documentation of midwifery care. **Result:** The patient presented with complaints of abdominal pain accompanied by mucus mixed with blood at 42+ weeks of gestation with cloudy amniotic fluid. Labor induction was performed using oxytocin drip and delivery proceeded spontaneously. The baby was born in good condition with a birth weight of 2900 grams and length of 48 cm. During the fourth stage of labor, primary postpartum hemorrhage occurred due to the cervix failing to close adequately. Immediate management was provided including oxytocin drip and misoprostol, followed by referral to the hospital. **Conclusion:** Comprehensive midwifery care with close monitoring and early detection of complications is essential in postdate pregnancy cases. Prompt management of primary postpartum hemorrhage and appropriate referral decisions can

prevent more severe complications and save maternal lives. Comprehensive midwifery care with close monitoring and early detection of complications is essential in postdate pregnancy cases. Prompt management of primary postpartum hemorrhage and appropriate referral decisions can prevent more severe complications and save maternal lives.

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Introduction

Normal pregnancy generally lasts for 40 weeks or 280 days calculated from the first day of the last menstrual period (LMP). When the gestational age exceeds 42 weeks or 294 days, this condition is referred to as postdate pregnancy. The diagnosis of postdate pregnancy can be determined through calculation of gestational age using Naegele's rule, fundal height measurement, and other supportive examinations. Postdate pregnancy requires special attention because it can increase the risk of complications for both the mother and the fetus, thus necessitating closer monitoring during pregnancy until delivery (Ambar et al., 2021).

Maternal Mortality Rate (MMR) in Indonesia remains a significant health issue requiring serious attention. Data from the Indonesian Ministry of Health shows that the MMR in 2022 reached approximately 183 per 100,000 live births, higher compared to Malaysia which has an MMR of about 20 per 100,000 live births. The main causes of maternal death in 2022 were hemorrhage with 1,330 cases, hypertension in pregnancy with 1,110 cases, and circulatory system disorders with 230 cases. Additionally, the recorded number of maternal deaths in 2021 reached 7,389 cases, an increase from 2020 which recorded 4,627 cases. Therefore, efforts to accelerate the reduction of MMR continue to be made through improving access to quality maternal health services, including antenatal care, skilled birth attendance, postpartum care, complication management and referral, as well as family planning services including postpartum contraception (Indonesian Ministry of Health, 2023).

Postpartum hemorrhage remains one of the leading causes of maternal death, both globally and in Indonesia. This condition can occur within the first 24 hours after delivery and requires rapid management to prevent more serious complications. One factor that can increase the risk of postpartum hemorrhage is the lack of knowledge and preparedness of pregnant women and their families in recognizing danger signs that may appear after delivery. Therefore, continuous educational efforts are needed so that pregnant women are better prepared to face various possible complications that may occur during labor and the postpartum period (Azizah et al., 2025).

Postdate pregnancy is associated with an increased risk of primary postpartum hemorrhage. In postdate pregnancies, prolonged labor, labor induction, dystocia, and operative interventions are more common, which can increase the risk of birth canal trauma and uterine contraction disorders after delivery. Furthermore, uterine muscle fatigue due to prolonged labor can cause uterine atony as the main cause of primary postpartum hemorrhage. Therefore, mothers with postdate pregnancy require close monitoring during pregnancy and labor to reduce the risk of these complications (Susilo et al., 2025).

Primary postpartum hemorrhage is bleeding that occurs within the first 24 hours after delivery with blood loss ≥ 500 mL for vaginal delivery or ≥ 1000 mL for cesarean section. Primary postpartum hemorrhage remains one of the leading causes of maternal death worldwide and contributes significantly to high maternal morbidity rates. This condition is generally caused by uterine atony, retained placenta, birth canal trauma, and coagulation disorders that require immediate management to prevent more severe complications (Sari et al., 2025).

Prevention efforts for primary postpartum hemorrhage in postdate pregnancy can be achieved through quality antenatal care, early detection of risk factors, fetal well-being monitoring, and appropriate determination of pregnancy termination timing. Prompt and appropriate management during labor is also necessary to prevent hemorrhage that can threaten maternal safety. With comprehensive midwifery care, it is expected that the risk of complications in postdate pregnancy, including primary postpartum hemorrhage, can be minimized so that maternal and infant health can be maintained (Sari et al., 2025).

Objective

To implement comprehensive midwifery care for mothers with postpartum hemorrhage using the 7-step Varney midwifery management approach.

Method

This research used a descriptive method with a case study approach. The subject of this study was Mrs. S, 27 years old, G3P2A0, who experienced postdate pregnancy complicated by primary postpartum hemorrhage and received midwifery care at Salbiyana Primary Clinic in 2026. Data collection was conducted through several techniques: anamnesis to explore subjective data such as chief complaints, obstetric history, and accompanying complaints; physical examination to collect objective data such as vital signs, uterine contraction, and birth canal condition; observation to monitor the progress of maternal and fetal conditions; and documentation to record all findings and actions taken.

Data analysis was performed using the 7-step Varney midwifery management approach which includes data collection, identification of diagnoses and problems, identification of potential diagnoses, identification of immediate actions, planning, implementation, and evaluation. This study received ethical approval from the relevant institution and informed consent from the research subject.

Results

Subjective Data Assessment

Mrs. S, 27 years old, G3P2A0, came to Salbiyana Primary Clinic on May 7, 2026 at 18:00 WIB accompanied by her husband and mother-in-law with complaints of abdominal pain accompanied by mucus mixed with blood from the birth canal. The mother stated that her pregnancy had passed the Estimated Date of Delivery (EDD) which was supposed to be April 17, 2026. Ultrasound examination showed cloudy amniotic fluid, so the doctor recommended labor induction. The mother reported feeling anxious about facing labor. Obstetric history: G3P2A0.

Objective Data Assessment

The mother's general condition was good, *compos mentis*. Vital signs: blood pressure 120/80 mmHg, temperature 36.6°C, pulse and respiration within normal limits. Fetal heart rate 150 x/minute, single live fetus, cephalic presentation, longitudinal lie. Intact membranes, cervical dilation 2 cm. The patient underwent informed consent and was transferred to the delivery room for induction. IV line RL 200 ml was inserted and oxytocin drip 20 drops/minute was administered. The baby was delivered spontaneously at 07:35 WIB, male, birth weight 2900 grams, length 48 cm, placenta delivered completely.

Identification of Diagnoses and Problems

The diagnosis established was Mrs. S, 27 years old, G3P2A0, postdate pregnancy with cloudy amniotic fluid, in the latent phase of the first stage of labor with induction, postpartum with primary postpartum hemorrhage due to the cervix failing to close adequately. Problems identified included anxiety about facing labor, labor pain, and risk of excessive postpartum blood loss.

Potential Diagnoses

Potential for the fetus: fetal distress or neonatal asphyxia due to postdate pregnancy and cloudy amniotic fluid. Potential for the mother: severe postpartum hemorrhage leading to hypovolemic shock due to the cervix failing to close adequately.

Immediate Actions and Interventions

Immediate actions taken included close observation of fetal heart rate, contractions, and labor progress; collaboration with the physician for labor induction using oxytocin drip; insertion of RL 200 ml IV line as maintenance fluid; close monitoring of the fourth stage of labor; administration of oxytocin drip 2 ampoules when primary postpartum hemorrhage occurred; administration of misoprostol orally and rectally; and referral to Imelda Hospital for further management.

Implementation

Implementation was carried out according to the planned interventions. Monitoring of fetal heart rate, contractions, and labor progress was conducted regularly. Maternal vital signs were monitored with results of BP 120/80 mmHg, temperature 36.6°C. Fluid therapy RL 200 ml and oxytocin drip 20 drops/minute were given after informed consent. Emotional support was provided to the mother during the labor process. Normal delivery assistance was performed and the baby was delivered spontaneously. Close monitoring of the fourth stage was conducted and primary postpartum hemorrhage was found due to the cervix failing to close. Immediate management was provided and the patient was referred to Imelda Hospital.

Evaluation

Evaluation showed that fetal heart rate and fetal condition were well monitored without signs of fetal distress. Maternal vital signs were stable during labor. Labor induction was effective and delivery proceeded spontaneously. The baby was born in good condition. The placenta was completely delivered. Primary postpartum

hemorrhage was successfully identified quickly and the patient has been referred for further management.

Discussion

Based on the assessment results, Mrs. S, 27 years old, G3P2A0 came to Salbiyana Primary Clinic with complaints of abdominal pain accompanied by mucus mixed with blood from the birth canal. The mother stated that her pregnancy had passed the Estimated Date of Delivery (EDD) which was April 17, 2026. Ultrasound examination showed cloudy amniotic fluid, so the doctor recommended labor induction. Physical examination showed the mother's general condition was good, blood pressure 120/80 mmHg, temperature 36.6°C, FHR 150 beats per minute, cephalic presentation, intact membranes, and cervical dilation 2 cm. According to theory, postdate pregnancy is a pregnancy that lasts more than 42 weeks and risks causing complications for both the mother and the fetus, thus requiring more intensive monitoring (Caughey et al., 2023).

Based on the subjective and objective data obtained, the midwifery diagnosis could be established as Mrs. S, 27 years old, G3P2A0 with postdate pregnancy accompanied by cloudy amniotic fluid, in the latent phase of the first stage of labor, undergoing labor induction. In addition to this diagnosis, a problem was found in the form of anxiety felt by the mother in facing the labor process. This is consistent with the theory stating that pregnant women with high-risk pregnancy conditions or those requiring medical interventions during labor tend to experience anxiety due to concerns about the safety of themselves and their fetus (POGI, 2024).

In this case, potential problems that could endanger the mother and fetus were also identified. Postdate pregnancy with cloudy amniotic fluid can increase the risk of fetal distress or neonatal asphyxia due to decreased placental function and reduced oxygen supply to the fetus. Additionally, the mother is also at risk of experiencing postpartum hemorrhage which can develop into hypovolemic shock if not promptly treated. Theory states that postdate pregnancy is one of the conditions requiring high vigilance because it can increase maternal and infant morbidity and mortality rates (Weeks et al., 2023).

The primary postpartum hemorrhage that occurred in this case was caused by the cervix failing to close adequately after delivery. In postdate pregnancy, the risk of postpartum hemorrhage increases due to prolonged labor, uterine muscle fatigue, large baby (macrosomia), as well as the possibility of uterine atony and birth canal trauma (Sentilhes et al., 2023). In this case, although uterine contractions were felt to be quite good, bleeding continued because the cervix could not close perfectly, causing blood to continuously flow out of the uterine cavity.

The management provided in this case was in accordance with the World Health Organization (2023) recommendations which state that prevention of primary postpartum hemorrhage in mothers with risk factors such as postdate pregnancy is carried out through Active Management of Third Stage of Labor (AMTSL). This intervention includes immediate administration of uterotonics after the baby is born, controlled cord traction, and monitoring of uterine contractions after the placenta is delivered. In this case, administration of oxytocin 1 ampoule immediately after delivery and additional oxytocin drip when bleeding occurred were appropriate actions according to standards.

The use of oxytocin as the first-line uterotonic in this case is also in accordance with FIGO (2023) recommendations which state that oxytocin is the first-line

uterotonic recommended for preventing and managing uterine atony. In postdate pregnancy, the use of oxytocin is very important because the risk of myometrial fatigue is higher compared to normal term pregnancy. Immediate administration of oxytocin after delivery has been proven to reduce blood loss and decrease the need for further interventions.

In addition to oxytocin, the administration of misoprostol orally and rectally in this case is also in accordance with WHO (2023) recommendations which state that the use of tranexamic acid and misoprostol within three hours of postpartum hemorrhage occurrence has been proven to reduce maternal mortality due to hemorrhage. Misoprostol is an effective alternative when oxytocin is unavailable or does not provide an adequate response.

The decision to refer the patient to Imelda Hospital was an appropriate step considering the limited facilities at Salbiyana Primary Clinic to manage postpartum hemorrhage that is unresponsive to initial therapy. This is in accordance with the Indonesian Ministry of Health (2024) guidelines stating that collaboration with obstetric and gynecology specialists is necessary when bleeding cannot be controlled or the mother shows signs of shock. Referral is conducted to obtain further management such as blood transfusion, uterine balloon tamponade insertion, conservative surgical procedures, or hysterectomy if necessary to save the mother's life.

Evaluation in this case showed that the induction process was effective, delivery proceeded spontaneously, and the baby was born in healthy condition. The mother's condition during labor was relatively stable, but primary postpartum hemorrhage occurred which was quickly identified so that oxytocin and misoprostol therapy could be immediately administered before referral for further management. This is consistent with the theory stating that the success of midwifery care is characterized by the ability of healthcare providers to perform early detection, appropriate initial management, and quick decision-making to prevent complications that could threaten the safety of the mother and baby (ACOG, 2024).

The evaluation results in this case indicate that early diagnosis and prompt management of primary postpartum hemorrhage greatly determine the patient's prognosis. In this case, although fairly severe primary postpartum hemorrhage occurred, the mother's condition could be stabilized and the patient was successfully referred in a still controlled state. This is consistent with Saifuddin's (2023) statement that the prognosis of primary postpartum hemorrhage is greatly influenced by the speed of diagnosis, the amount of blood loss, the cause of bleeding, and the mother's general condition before delivery.

From the psychological aspect, the mother in this case showed quite high anxiety during the labor process. This requires a holistic approach in midwifery care, focusing not only on the physical aspect but also the psychological aspect. The emotional support and companionship during the labor process that was provided proved to help reduce the mother's anxiety and increase comfort during labor. This is consistent with the Indonesian Ministry of Health (2024) statement that education to mothers and families regarding danger signs in postdate pregnancy and the postpartum period is very important to increase awareness and prevent delays in obtaining medical assistance.

The implications of this case for midwifery services are the importance of close monitoring during labor and the postpartum period, especially in mothers with risk

factors such as postdate pregnancy. Early detection of complications and timely referral decisions can prevent more severe complications and reduce maternal mortality rates. Furthermore, this case demonstrates the importance of collaboration among healthcare providers in managing obstetric emergencies.

Conclusion

Based on the results of midwifery care provided to Mrs. S, a 27-year-old woman (G3P2A0) with a post-term pregnancy and cloudy amniotic fluid, labor proceeded spontaneously following induction with an oxytocin drip, and the baby was born healthy. During the fourth stage of labor, a complication was identified in the form of primary postpartum hemorrhage due to the cervix failing to close adequately despite good uterine contractions. Initial management involved the administration of oxytocin and misoprostol, after which the patient was referred to a hospital for further treatment. The application of Varney's 7-step midwifery management helped in the early detection of complications, appropriate management, and rapid referral decision-making to ensure the mother's safety.

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