

Continuity of Midwifery Care in a 35-Year-Old Multigravida at 40 Weeks of Gestation: A Case Study Approach

Fahmi Fuadah^{1*}, Sri Rejeki², Imelda Sianipar³

¹*Immanuel Institute of Health (Bachelor of Public Health Study Program, Faculty of Health, Immanuel Institute of Health), bungsu.fahmi05@gmail.com*

^{2,3}*Immanuel Institute of Health (Diploma Midwife Study Program, Faculty of Health, Immanuel Institute of Health)*

* *Corresponding Author: Fahmi Fuadah, Immanuel Institute of Health; Address: bungsu.fahmi05@gmail.com*

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Abstract

Maternal and neonatal morbidity remain major public health concerns in developing countries. Continuity of care (CoC) in midwifery practice is recognized as an effective approach to improving maternal and neonatal outcomes. This study aimed to describe and analyze the implementation of continuity of midwifery care in a 35-year-old multigravida woman at 40 weeks of gestation in an independent midwifery practice. A case study design was applied. Care was provided from late pregnancy, childbirth, postpartum, neonatal care, and family planning counseling. Data were collected through clinical assessment, observation, documentation review, and standardized maternal examination instruments. The results showed that comprehensive and continuous monitoring enabled early detection of potential complications and ensured safe delivery without maternal or neonatal complications. Postpartum and neonatal examinations were within normal limits, and early breastfeeding initiation was successfully implemented. The findings support that continuity of midwifery care contributes to positive maternal and neonatal outcomes. Strengthening integrated and woman-centered care is recommended to enhance maternal health services.

Keywords: continuity of care, midwifery, maternal health, neonatal examination, postpartum care

Introduction

Maternal mortality remains a major global health challenge. In 2020, an estimated 287,000 women died from preventable causes related to pregnancy and childbirth¹. Despite global progress, disparities persist, particularly in low- and middle-income countries. Indonesia continues to face significant maternal health challenges, with maternal mortality ratios remaining higher than regional targets². Factors contributing to maternal morbidity and mortality include delayed referral, inadequate antenatal surveillance, limited health literacy, and fragmented maternity care systems³.

The World Health Organization recommends integrated and woman-centered antenatal and postnatal services to ensure early detection of complications and improved maternal-neonatal outcomes⁴. One model increasingly recognized for its effectiveness is midwife-led continuity of care (CoC). Continuity of care refers to a structured model in which a woman receives consistent care from the same midwife or small team throughout pregnancy, childbirth, and the postpartum period⁵.

Systematic reviews have demonstrated that midwife-led continuity models are associated with reduced intervention rates, including lower cesarean section rates and decreased preterm birth incidence^{5,6}. Furthermore, evidence from large international frameworks emphasizes that midwifery continuity contributes to improved quality of care and respectful maternity services⁷. WHO postnatal recommendations further stress the importance of sustained follow-up during the early neonatal adaptation phase⁸.

Beyond clinical outcomes, technological innovation is increasingly integrated into maternity services. Point-of-care testing and digital-based health education have shown promise in enhancing maternal safety and knowledge⁹. Digital continuity strategies, including video-based education and mobile health platforms, may strengthen maternal engagement and decision-making, particularly in areas with limited access to specialists¹⁰.

However, despite growing global evidence, implementation of CoC models in independent midwifery practices in Indonesia remains under-documented¹¹. Studies conducted in Indonesian midwifery settings indicate variability in adherence to integrated care standards¹². Additionally, strengthening midwifery education and workforce capacity has been identified as essential for sustaining quality maternal

services¹³.

Given this context, examining the implementation of continuity of midwifery care at the practice level is crucial to provide practical insights and contextual evidence. This study aims to describe and analyze the implementation of continuity of midwifery care in a 35-year-old multigravida woman at term pregnancy in an independent midwifery practice setting.

Method

Method should be structured as follows:

1. Research design

This study used a descriptive case study design focusing on continuity of midwifery care from late pregnancy to postpartum and neonatal periods.

2. Setting and samples

The study was conducted in an independent midwifery practice in West Java, Indonesia, in 2026. The subject was a 35-year-old multigravida woman at 40 weeks of gestation who met inclusion criteria: singleton pregnancy, cephalic presentation, no obstetric complications, and willingness to participate. Informed consent was obtained.

3. Intervention (applies to experimental studies)

The intervention consisted of comprehensive midwifery care, including antenatal monitoring, labor management, postpartum assessment, neonatal examination, and family planning counseling. Care followed national maternal health guidelines.

4. Measurement and data collection

Data were collected through physical examination, obstetric assessment, partograph monitoring, postpartum evaluation, neonatal examination (Apgar score, anthropometry, reflex assessment), and documentation review. Standard maternal and neonatal care instruments were used.

5. Data analysis;

Data were analyzed descriptively by comparing clinical findings with established maternal and neonatal care standards and relevant literature.

Results

The patient presented at 40 weeks of gestation with normal vital signs and no obstetric complications. Labor progressed physiologically with active phase duration within normal limits. Vaginal delivery occurred without complications. Estimated blood loss was within normal range (<500 ml).

The newborn had Apgar scores of 8 and 9 at the first and fifth minutes, respectively. Birth weight and length were within normal limits. Early breastfeeding initiation was successfully performed.

Postpartum examination showed stable uterine contraction, normal lochia progression, and no signs of infection. Neonatal examinations during the early postnatal period indicated stable physiological adaptation.

Table 1. Postpartum Maternal Progress

Clinical Parameter	Day 1	Day 3	Day 7	Interpretation
Blood pressure	110/70 mmHg	110/70 mmHg	110/80 mmHg	Stable
Pulse	84 bpm	80 bpm	78 bpm	Within normal limits
Temperature	36.8°C	36.7°C	36.6°C	Afebrile
Fundal height	At umbilicus	2 fingers below umbilicus	Not palpable above symphysis	Normal involution
Lochia	Rubra	Sanguinolenta	Serosa	Physiological progression
Pain	Mild	Minimal	None	Normal adaptation
Infection signs	None	None	None	Normal

Table 2. Neonatal Examination Results

Parameter	Result	Interpretation
Birth weight	3,200 grams	Normal (not LBW)
Body length	49 cm	Appropriate for gestational age
Head circumference	34 cm	Normal
Apgar score	8 (1 min), 9 (5 min)	Good adaptation
Respiratory rate	44 breaths/min	Normal (40–60)
Body temperature	36.7°C	Stable
Moro reflex	Present	Normal
Sucking reflex	Present	Successful early breastfeeding

Skin color	Pink	No cyanosis
Elimination	Urination and meconium <24 hrs	Physiological

Discussion

This case demonstrates that continuity of midwifery care supports physiological labor and optimal neonatal adaptation. Consistent monitoring during late pregnancy allowed early identification of potential risks and preparation for safe delivery. Evidence from systematic reviews indicates that women receiving midwife-led continuity of care are less likely to experience unnecessary obstetric interventions and more likely to achieve spontaneous vaginal birth^{5,6}.

The normal labor progression observed aligns with findings from large meta-analyses showing improved maternal outcomes in CoC models⁴⁴. Continuous therapeutic relationships may reduce maternal anxiety and promote neurohormonal pathways that facilitate physiological labor. Respectful maternity care frameworks further emphasize the role of relational continuity in improving birth experiences and clinical outcomes¹⁶.

Neonatal outcomes in this case were within normal limits, with satisfactory Apgar scores and stable physiological adaptation. Cohort studies have shown that midwife-led continuity care reduces neonatal intensive care admissions and improves early adaptation indicators¹⁵. Sustained postpartum follow-up also supports breastfeeding initiation and maternal recovery, consistent with WHO postnatal care standards⁸.

Digital-based counseling provided during care, including video-assisted education, supports maternal knowledge acquisition and engagement. Quasi-experimental studies in Indonesia demonstrate that digital continuity interventions significantly improve maternal satisfaction and understanding of health information^{10,12}. Video media has also been shown to enhance knowledge regarding HIV prevention among pregnant women¹².

Strengthening continuity models requires adequate midwifery competencies and supportive institutional frameworks. International policy documents emphasize that investment in midwifery education and structured care models is associated with measurable improvements in maternal health outcomes¹³. Implementation in low-

resource settings must address workforce capacity, infrastructure, and policy alignment.

Overall, this case reflects how integrated, continuous, and woman-centered midwifery care—enhanced by digital support—can contribute to favorable maternal and neonatal outcomes. While single-case findings cannot be generalized, they provide contextual evidence supporting broader implementation of CoC models within primary maternity services.

Limitation

This study is limited to a single case; therefore, findings cannot be generalized. Further research with larger samples is required to evaluate the effectiveness of continuity of care models in different settings.

Conclusion

Continuity of midwifery care contributed to positive maternal and neonatal outcomes in this case. Integrated and woman-centered approaches should be strengthened in independent midwifery practices to support safe motherhood programs.

Ethical Considerations

This study obtained informed consent from the participant. Ethical principles of confidentiality, autonomy, beneficence, and non-maleficence were maintained throughout the study. Ethical clearance was obtained from the institutional ethics committee (Reference Number: 058/IKI/KEPK/XII/2025).

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Conflict of Interest

The authors declare no conflict of interest.

Author contribution

FF conceptualized the study, and prepared the manuscript

IS collected data,

SR analyzed findings

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