



CASE REPORT OF MIDWIFE CARE IN PREGNANT MOTHERS MRS "M" AGE 37 G3P2A0 WITH 31 WEEKS OF PREGNANCY WITH GESTATIONAL HYPERTENSION IN SENDANGGUWO SHIELD COMMUNITY

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ABSTRACT

Background : Hypertension is blood pressure above the normal limit, which is $> 140/90$ mmHg. Hypertension is one of the global problems that hit the world. Factors that influence the occurrence of hypertension in pregnancy are age too young or too old, heredity, occupation, lifestyle, obesity, parity, physical activity of the child. (Sinambela & Sari, 2018). Risk factors if pregnant mothers have hypertension, one of which is premature birth. **Method:** This study used case study method with a midwifery management approach and documentation through SOAP. Data were collected by means of physical examination interviews, observation and literature study. **Result:** The results of the study showed that subjective data Mrs. M aged 37 years, third child pregnancy, gave birth 2 times, last child 5 years apart. The results of the examination showed BP 140/80 mmHg, pulse 82 x/minute, temperature 36.4°C, RR 20 x/minute, weight 92.8 kg, TB 157 cm, general condition was good, mid-central TFU and px (27 cm). **Conclusion :** Mrs. M age 37 years G3P2A0 gestational age 31 weeks single fetus, alive, intra uteri, longitude, head presentation, puki, has not entered the pelvic inlet, convergent with gestational hypertension.

Keywords : *Chronic hypertension, pregnant mothers*

INTRODUCTION

Hypertension is blood pressure above the normal limit, which is $> 140/90$ mmHg. Hypertension is one of the global problems that hit the world. According to WHO (World Health Organization) (2018), pregnancy hypertension is a cause of morbidity and mortality worldwide for both mother and fetus. Globally, 75% of maternal deaths that are classified as direct causes of maternal death are caused by bleeding, hypertension in pregnancy, abortion, and the rest are caused by chronic conditions such as heart disease and diabetes (WHO, 2018).

Maternal Mortality Rate (MMR) which is one indicator to see the health status of women. According to the Indonesian Ministry of Health, the number of maternal deaths in 2020 showed 4,627 deaths in Indonesia. This number shows an increase compared to 2019 as many as 4,221 deaths. Based on the cause of maternal death caused by bleeding as many as 1,330 cases, hypertension in pregnancy as many as 1,110 cases, and disorders of the circulatory system as many as 230 cases (Ministry of Health RI, 2020). The maternal mortality rate in Central Java is 1,011 cases and in Semarang the number of maternal deaths is 21 cases (Central Java Health Office, 2021).

According to the Central Java Provincial Health Office, Semarang City as the capital city of Central Java province should be an example and center of attention in successfully handling cases. However, data from the Semarang City Health Office shows that in 2020, 1.36% of pregnant mothers still have hypertension and in January 2021 as many as 5.65% of pregnant mothers still have hypertension (Central Java Health Office, 2021). Risk factors if pregnant mothers have hypertension, one of which is premature birth (ACOG, 2019).

Early management of hypertension in pregnancy in the community if the midwife finds early any increase in blood pressure in pregnancy and recognizes other signs and symptoms of preeclampsia, and takes appropriate treatment to refer it in the hope that pregnant mothers with signs of preeclampsia receive adequate and timely treatment, so that they can reduce morbidity and mortality due to preeclampsia (GJ Tombokan et al., 2016).

Gestational hypertension is high blood pressure $> 140/90$ mmHg that occurs after 20 weeks of gestation without proteinuria, gestational hypertension can usually be detected after delivery and hypertension disappears 3 months after delivery (ACOG, 2019).



CASE SELECTION METHOD

In the study of case reports, midwifery care was carried out using a midwifery management approach and documentation through SOAP. Data were collected through interviews, physical examination, observation, and literature review.

INFORMATION ABOUT PATIENT

In this case, the patient named Mrs. "M" aged 37 years, female gender, Javanese ethnicity, a housewives. Chief Complaint: Mother said she did not have any complaints.

Mother said that no one in her family suffers from chronic, hereditary and infectious diseases. Mother also said that her family is very supportive of her current pregnancy, this is her third pregnancy and has given birth 2 times, the last child is 10 years old. At 31 weeks of gestation, the patient's family planning history was using the pill for 2.5 years, but after that, he used family planning because he felt uncomfortable using family planning, such as frequent dizziness, irregular menstruation, sometimes no menstruation. The lifestyle they live is also normal, the diet they eat is eating rice, vegetables, chicken, meat, eggs, fast food and drinking water, tea, for the seasonings used by the mother, she prefers to eat slightly salty foods, the usual portion of salt used is half a spoon. there is no habit in the mother but the husband smokes, the husband smokes sometimes smokes in the house.

CLINICAL FINDINGS

On physical examination, it was found that the general condition of the mother: adequate, consciousness: composmentis, BTV: BP: 140/80 mmHg, N: 82 x/minute, S: 36.4°C, RR: 20 x/minute, weight 92.8 kg, TB 157 cm. TFU : mid center and px, left back, head presentation, converge. Supportive examination with results of HB 14.3 g/dL, urine protein negative.

TIMELINE

Mother said this morning she had checked herself at the Kedungmundu Public Health Center. Mother said that the pain in the wrist, the results found during the examination at the health center were that at the beginning of the 5-week pregnancy checkup, she had experienced high blood pressure, 140/90 mmHg with negative urine protein, then in

the second trimester the patient's blood pressure was normal, then when In the third trimester, the mother's blood pressure increased again, 140/80 mmHg, temperature 36.5°C, pulse 80 x/minute, RR 20 x/minute, weight 92.8 kg, TB 157 cm. The management given at the puskesmas is enough with the mother getting enough rest, it is recommended that the mother monitor the mother's blood pressure every day at health facilities (Public Health Center/ Integrated Service Post /cadres). On June 7, 2022, the mother gave birth at the hospital and said that the patient's blood pressure 1 day after giving birth returned to normal.

DIAGNOSTIC EXAMINATION

Diagnostic examination in this case was carried out by supporting examinations, from laboratory results: Hb: 14.3 g/dl, GDS: 142, HBsAg: negative, urine protein: negative, HIV negative, syphilis negative. For problems at the examination that the mother felt anxious over herself.

THERAPY TREATMENT

The treatment provided only provides counseling to the mother about balanced nutrition for pregnant mothers with hypertension and obesity, danger signs in the third trimester, maternal mental support, and adequate rest. Treatment with treatments cannot be carried out in the community because therapeutic measures can only be given in adequate facilities.

FOLLOW-UP TREATMENTS AND RESULTS

The follow-up given in this case is monitoring vital signs, weight, re-checking the laboratory

DISCUSSION

In the results of the case study of midwifery care for Mrs. "M" it was found that Mrs. "M" was 37 years old, in this subjective data age was a risk factor for preeclampsia, bleeding or prolonged labor. According to research, age >35 years old is very risky for pregnant mothers because age >35 years, the function of the reproductive organs has decreased so that they cannot work optimally (Sinambela & Sari, 2018). At the age of 35 years or more where at that age there are changes in the tissues and organs of the womb and the birth canal is no longer flexible, at that age there tends to be other diseases in the body of pregnant mothers, one of which is hypertension and eclampsia (Pratiwi et al., 2022).



In this case it was found that the diet that is eaten is eating rice, vegetables, chicken, meat, eggs, fast food. This shows that the patient is still eating fast food. That's because the use of salt as a food flavoring. According to research, this is because high sodium consumption can cause the body to retain fluids which can increase blood volume. High sodium consumption can also shrink the diameter of the arteries, as a result the heart has to pump hard to push the volume of blood through increasingly narrow spaces, so that blood pressure rises and causes hypertension. (Basri et al., 2018). Excess sodium will cause poisoning which in acute conditions causes edema and hypertension. WHO recommends that the recommended salt intake is no more than 6 grams / day equivalent to 110 mmol sodium (Widiyanto et al., 2016).

In this case, it was also found in one family who smoked, Mrs. "M"'s husband. According to Arikah et al's research in 2020, pregnant mothers who are exposed to cigarette smoke are 3.5 times more likely to suffer from hypertension compared to pregnant mothers who are not exposed to cigarette smoke. Exposure to cigarette smoke during pregnancy is a strong determinant of fetal growth and the risk of low birth weight (LBW). Nicotine contained in cigarette smoke is a vasoconstrictor substance that will cause vasoconstriction of blood vessels and increase heart contreatment, so that it can increase blood pressure.to pregnant mothers (Arikah et al., 2020).

In this case, it was also found that the body weight of 92.8 kg, the nutritional status of pregnant mothers can be seen from the mother's body mass index (BMI) which is 37.7 which means that the body mass index category of pregnant mothers is classified as obese. According to research that risk factors for hypertension in pregnancy are obesity, obesity improves endothelial function and promotes the inflammatory response associated with atherosclerosis. (Kazemian et al., 2021)

In this case it was also found that the blood pressure was 140 mmHg, the results of urine protein support were negative. According to research, the blood pressure of pregnant mothers should not reach 140/90 mmHg (Ningtyas, 2021). From the results obtained blood pressure 140/90 mmHg and no urine protein, 31 weeks gestation is one of the signs and symptoms of chronic hypertension. The theory states that the symptoms of chronic hypertension are an increase in blood pressure > 140/90 mmHg, this can

occur before 20 weeks of gestation without urine protein. (Pratiwi et al., 2022).

Early screening of pregnant mothers is an important step in early diagnosis and treatment of pregnant mothers with hypertension, especially in pregnant mothers who have high risk factors. (Good et al., 2020).

The diagnosis of the pregnant woman was gestational hypertension. It can be seen from the signs and symptoms of gestational hypertension, :high blood pressure >140/90 mmHg that occurs after 20 weeks of gestation in the absence of proteinuria, gestational hypertension can usually be detected after delivery and hypertension disappears 3 months after delivery ACOG, 2019)

PATIENT PERSPECTIVE

In this case the patient did not share any experience because this was the first time the mother had hypertension in her pregnancy.

INFORMED CONSENT

In this case, informed consent was given orally.

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