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CONTINUITY OF MIDWIFERY CARE IN MRS. V BY APPLYING PRENATAL YOGA TO REDUCE ANXIETY ABOUT CHILD BIRTH

Devi Fitriani Efendi[1)*], Ferina[2)], Anita Mega Fajrin[3)], Chris Sriyanti[4)]

[1,2,3,4]*Bachelor of Midwifery, Midwifery Department, Poltekkes Kemenkes Bandung, Bandung, Indonesia*

Email:devifitriane@gmail.com

ABSTRACT

Background: Continuity of midwifery care involves comprehensive services from pregnancy to family planning. It emphasizes the naturalness of pregnancy and childbirth, while also enabling early detection, monitoring, and anticipation of potential complications. In Mrs. V's case, her assessment indicated anxiety about delivery, so a prenatal yoga program was introduced to help alleviate her worries and boost her confidence in a normal delivery. This report aims to demonstrate continuous midwifery support through the implementation of prenatal yoga for Mrs. V at the Majalaya Community Health Center in Bandung Regency.
Methods: This report presents a case study employing an evidence-based midwifery management approach, starting at 37 weeks of gestation and encompassing pregnancy care, childbirth, postpartum, newborn care, and family planning. Services were delivered at the Majalaya Community Health Center and the client's home from July to November 2024.
Results: All stages proceeded normally. After attending prenatal yoga classes, the mother's anxiety decreased. During labor, the mother's readiness for spontaneous delivery was optimal. The postpartum period proceeded well, marked by uterine involution appropriate for the postpartum age, no signs of infection, and normal lochia. Lactation was optimal, as indicated by effective breastfeeding and no breast problems. In the family planning stage, the mother chose an IUD and received counseling. Midwifery care was provided according to service standards.
Conclusion: Prenatal yoga is one of the measures that can be prepared for during pregnancy and has been proven effective in reducing anxiety before delivery.
Keywords: anxiety, continuity of care, prenatal yoga

INTRODUCTION

Continuity of care is one effective approach to preventing abnormalities in pregnancy and childbirth (Radimas, 2022). This care includes comprehensive services provided by midwives to mothers, starting from pregnancy, childbirth, postpartum, newborn care, and family planning (Ningsih, 2019). Failure to implement continuity of care can have serious consequences, including an increased risk of unmanaged complications and delays in treatment. Data shows that without the implementation of continuity of care, the risk of abnormal childbirth can increase by up to 62% in Indonesia. Therefore, the continuity of care model is important in the midwifery service system because it enables monitoring and early detection of risks (Wandara, 2020).

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By implementing the continuous midwifery care model, midwives can provide comprehensive services, consistently accompany mothers, and build strong therapeutic relationships so that early detection of risks can be carried out more optimally.

In the third trimester, pregnant women often experience physical discomfort due to hormonal changes, accompanied by anxiety ahead of childbirth. If not managed properly, this condition can interfere with the delivery process and increase the risk of complications. Data shows that 69% of pregnant women experience anxiety prior to delivery. Similarly, research on Mrs. V shows anxiety in facing the delivery process, so prenatal yoga intervention was given to help reduce anxiety and increase confidence in a normal delivery.

Prenatal yoga has been proven to be beneficial in maintaining fitness, increasing readiness for delivery, and reducing stress and anxiety levels (Niar et al., 2023). Prenatal yoga has also been proven to reduce labor pain, shorten the second stage of labor, improve sleep quality, and increase maternal satisfaction with the delivery experience. Several studies indicate that 60–80% of pregnant women who attend prenatal yoga classes experience reduced anxiety before childbirth, making this method effective in improving the quality of life for mothers during pregnancy (Ratni, 2022).

Through breathing exercises, relaxation, and physical strengthening, prenatal yoga not only helps mothers cope with labor pains more calmly but also has a positive effect on emotional balance. Pregnant women who regularly participate in prenatal yoga have greater self-confidence, are better able to manage anxiety, and are more prepared to face the labor process. Thus, prenatal yoga is in line with the role of midwives as health educators, namely, providing health education and skills that mothers can practice to prepare for a healthier and more comfortable delivery (Arantika, 2024). Given the important role of continuous midwifery care in improving mothers' readiness for childbirth, especially in the third trimester, and the benefits of prenatal yoga in reducing anxiety before childbirth, this study was conducted to examine the application of continuous care based on prenatal yoga in primary care facilities (Arantika, 2024). This report aims to demonstrate continuous midwifery support through the implementation of prenatal yoga for Mrs. V at the Majalaya Community Health Center in Bandung Regency.

RESEARCH METHOD

This research method is a case study with an evidence-based midwifery management approach using the SOAP method. This case study was conducted at the Majalaya Community Health Center in Bandung Regency and at Mrs. V's home. The care period was from July to November 2024. The subject of this study was Mrs. V, aged 25 years, G1P0A0, 37 weeks pregnant who complained of anxiety about childbirth, because they had experienced trauma witnessing a childbirth that could not be assisted by midwives/health workers and gave birth spontaneously in the corridor of the health center, and felt worried about experiencing a similar childbirth process, causing the mother to feel anxious about her childbirth. Care was provided continuously starting from the third trimester of pregnancy, with the application of prenatal yoga performed every day for 15-20 minutes, and reported via WhatsApp in the form of photos and accompanied by a YouTube video link guide sourced from the lecturer's research (Wulandari & Kusuma, 2021). Childbirth care included prenatal yoga, pelvic rocking movements during the first stage of labor, postpartum, newborn, and family planning. Care provision for the subjects was conducted in accordance with research ethics, namely respect for persons, justice, beneficence, and non-maleficence.

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RESULTS

1. Pregnancy Care

Data collected on September 6, 2024, Mrs. V complained of lower abdominal pain for 3 days. This is her first pregnancy, and she has no history of miscarriage. Mrs. V has no history of infectious or hereditary diseases. A comprehensive examination was conducted, including anthropometric measurements with the following results: upper arm circumference (UAC) 35 cm, current weight 76 kg, pre-pregnancy weight 69 kg, height 155 cm, and BMI 28.7 kg/m². Vital signs examination results: blood pressure 120/80 mmHg, pulse 82 beats per minute, respiration 20 breaths per minute, and temperature 36°C. Then the results of the obstetric examination, fundal height 30 cm, left back, head presentation already entered the upper pelvis, divergent, 3/5 dilation, fetal heart rate 148 beats per minute. Other examination results were in good condition and within normal limits, with a diagnosis of G1P0A0, 37 weeks pregnant, single live intrauterine fetus in cephalic presentation. Management involved informing the patient that her complaints were physiological changes in the third trimester, advising her to get adequate rest, recommending warm compresses on the lower abdomen to reduce pain, providing psychological support, informing her about the signs of labor, and scheduling a follow-up visit in one week.

Data collection results from the second visit on September 13, 2024. Mrs. V rarely felt pain in her lower abdomen and complained of anxiety about normal childbirth after seeing a childbirth process that was not assisted by health workers, and feeling worried about experiencing a similar childbirth process. Then an anthropometric examination was carried out, with the result showing an increase of 1 kg from the previous examination. Next, vital signs were examined, with the following results: blood pressure 111/80 mmHg, pulse 82 beats per minute, respiration 21 breaths per minute, and temperature 36.7°C. Then, the obstetric examination results showed a fundal height of 30 cm, left back, head presentation, and already entering the upper pelvic inlet, divergent, 2/5 dilation, fetal heart rate 131 beats per minute. Other examination results were in good condition and within normal limits, with a diagnosis of G1P0A0, 38 weeks pregnant, single live intrauterine fetus in cephalic presentation. The management performed was to explain the preparation for childbirth to increase confidence in the delivery, introduce prenatal yoga as a method to reduce anxiety, explain the purpose and benefits of prenatal yoga, Obtaining written approval for prenatal yoga, teaching each prenatal yoga movement, providing YouTube links for prenatal yoga movements, and obtaining written approval to continue daily prenatal yoga exercises for two consecutive weeks and report via WhatsApp. She also scheduled a follow-up visit in one week.

Data collection results from the third visit on September 19, 2024. The mother complained of heartburn since the night before, occurring twice for 30 seconds each time, with no discharge of mucus or blood from the birth canal. In the morning, the mother performed prenatal yoga to reduce anxiety about her condition, and is now able to control herself and is no longer afraid of giving birth. An anthropometric examination was then performed, with the result that there was no increase in weight. Subsequently, vital signs were examined with the following results: blood pressure 120/80 mmHg, pulse 82 beats per minute, respiration 20 breaths per minute, and temperature 36.5°C. The obstetric examination results showed the fundal height to be 29 cm, left back, head presentation, and already entering the upper pelvic inlet, divergent, 1/5 dilation, fetal heart rate 131 beats per minute, with a diagnosis of G1P0A0, 39 weeks pregnant, single live intrauterine fetus in head presentation. Management included informing the mother that her complaints were false contractions/Braxton Hicks

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contractions, reminding her of prenatal yoga relaxation techniques to reduce pain and anxiety, asking her to describe the signs of labor, providing health education on activity and rest patterns, conducting family planning counseling using a balanced counseling strategy, and scheduling a follow-up visit in one week.

2. Labor Care

Maternal care during labor was provided at 39 weeks of gestation. On September 19, 2024, at 6:05 PM, Ms. V complained of heartburn since 1:00 PM, accompanied by mucus and blood discharge from the birth canal, and no water discharge from the birth canal. Blood pressure was 120/80 mmHg, pulse 89 beats per minute, respiration 24 breaths per minute, temperature 36.5°C, fetal heart rate 144 beats per minute, contractions 3x10'30". Physical examination revealed the mother was restless and occasionally screaming. The internal examination results showed no abnormalities in the vulva and vagina, the cervix was thin and soft, dilation was 4 cm, the amniotic sac was intact, the presentation was cephalic, station 0, Hodge III, no moles and no small parts were palpable, with an initial diagnosis of G1P0A0 parturient at term in the first stage of active labor, single live fetus in cephalic presentation.

The care provided included teaching breathing relaxation techniques during contractions and recommending prenatal yoga with pelvic rocking movements to accelerate the descent of the head. Counseling was provided to the husband and family to offer support to Mrs. V, and Mrs. V was advised to continue meeting her nutritional and hydration needs. Delivery in the first stage lasted approximately 4 hours, stage II lasted 1 hour, and stage III lasted 10 minutes. Monitoring of stage IV was conducted for a period of 2 hours. Ms. V gave birth normally without complications or difficulties, as did her baby. The delivery assistance involved the mother and helped her have a positive experience.

3. Postpartum Care

Maternal care during the postpartum period is carried out in accordance with established standards, starting from 6 hours to 42 days. At 6 hours postpartum, the mother complained of pain in the area of the stitches and still felt a slight cramping, and her colostrum had come out, but her nipples were flat. The management performed was uterine massage, evaluation of breastfeeding technique, stimulation of the nipples to make them protrude, and information on personal hygiene and wound care. Medication and vitamin therapy were also administered: vitamin A 200,000 IU 1x1, paracetamol 500mg 3x1, amoxicillin 500 mg 3x1, and Fe 60 mg tablets 1x1.

During the second postpartum visit, Mrs. V complained that her breast milk was yellowish and that she was breastfeeding her baby every 2 hours for 10 minutes. The management provided was that her complaint was normal, teaching her the correct breastfeeding technique, recommending on-demand breastfeeding, and reminding her to get enough rest.

On the third postpartum visit, which was on day 14, Mrs. V had no complaints, had an abundant milk supply and was breastfeeding on demand, uterine involution was progressing well and normally, there were no complications during the postpartum period, uterine contractions were strong, bleeding was normal, lochia discharge was as expected, and milk flow was smooth and the baby's needs were being met.

During the fourth postpartum visit on day 40, appreciation was given for having undergone the postpartum period well and without obstacles, support was given to continue exclusive breastfeeding for 6 months, counseling was provided on contraceptive selection, and she was encouraged to maintain a healthy lifestyle.

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Family planning midwifery care was provided to Mrs. V when she came to the health center, accompanied by her husband, to obtain an IUD. She had no complaints, was in good general health, and was currently exclusively breastfeeding her baby. The mother and husband had agreed to delay their subsequent pregnancy so they could focus on caring for their first child, and they had the full support of their family. Physical examination showed vital signs within normal limits, no complaints during lactation, the uterine fundus height not palpable, an empty bladder, and lochia in the form of lochea alba. The mother was also clean and well-groomed, with good personal hygiene. After a comprehensive assessment and confirmation that she meets the criteria as a potential contraceptive acceptor, education was provided about the purpose, benefits, and side effects of IUD contraception using a balanced counseling approach. The mother understood the information provided and expressed her consent by signing the informed consent form. Subsequently, the IUD was inserted, information was provided on how to check the string independently, and a follow-up appointment was scheduled for one week later. The mother expressed her willingness to attend the appointment as scheduled (Fadila & Pratiwi, 2020).

4. Newborn Care

Early obstetric care for newborns begins with maintaining the baby's body temperature by drying the baby's body and conducting an initial assessment of skin color, breathing, and movement. The next step in caring for newborns is cutting the umbilical cord and initiating early breastfeeding. After monitoring for 1 hour and successful initiation of early breastfeeding, a physical examination and anthropometry are performed. The results of the physical examination were female gender, weight 3100 grams, length 49 cm, head circumference 34 cm, chest circumference 34 cm, no signs of congenital defects or abnormalities in the infant, and the infant received vitamin K, eye ointment, and hepatitis B0 vaccine. Further care was provided during follow-up visits to the health center. During the first neonatal visit, the mother was reminded to always keep the baby warm and was advised to breastfeed her baby every 2 hours.

Visit Second visit to the newborn. Care provided includes reminding the mother to breastfeed her baby on demand every 2 hours, conducting a physical examination, checking the baby's umbilical cord, reminding the mother of the warning signs of newborn distress, and reminding her to keep the baby warm.

Neonatal Visit Third neonatal visit Conducted an evaluation of common danger signs experienced by infants and advised the mother to bring the infant to the health center to receive basic immunizations and monitor the infant's growth and development.

Fourth Neonatal Visit conducted at the health center, where the baby will receive BCG and POLIO vaccinations. The care provided includes explaining the BCG immunization, possible side effects, and recommending warm compresses if the injection site becomes red and swollen, counseling to continue breastfeeding as often as possible, and informing the mother to return for a follow-up visit in one month for the next immunization schedule.

DISCUSSION

1. Pregnancy Care

Midwifery care for Mrs. V shows that the primigravida pregnant woman, who is 37–39 weeks pregnant, is in good general condition, with vital signs, nutritional status, and obstetric examination results within normal limits. During the first visit, the mother's complaint of lower abdominal pain is part of the physiological changes of the third

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trimester, caused by ligament stretching due to uterine enlargement and the body's adaptation in preparation for childbirth. Management consists of recommending rest to help relax the muscles and ligaments and help reduce pressure on the internal vena cava and increase blood flow to the uterus and the body as a whole, warm compresses to increase blood flow to the area being compressed, and can help relieve inflammation and relax muscles and effectively reduce the intensity of pain in pregnant women in the third trimester with a level of effectiveness of 75%, as well as psychological support in accordance with the theory that physical comfort and emotional readiness greatly influence the well-being of mothers approaching childbirth. [7]

During the second visit, complaints decreased, but anxiety about childbirth arose. This psychological factor is common in primigravida, especially due to the negative experiences of others that influence the mother's perception. The midwife's actions, namely providing education about childbirth preparation and introducing prenatal yoga as a relaxation method that can affect the basal ganglia as a bridge between the hypothalamus and pituitary gland, as the body's balance center. This will stimulate the pituitary gland to release dopamine, serotonin, and endorphins as hormones of calmness and happiness. Yoga can also increase attention and concentration, so that it can calm her down. Providing education through demonstrations, video links, and continuous assistance is an effective, holistic approach.

On the third visit, the mother showed positive changes by being able to control herself and no longer feeling afraid of giving birth after regularly doing prenatal yoga. The heartburn she experienced was false contractions/Braxton Hicks at 39 weeks of pregnancy, which is a normal part of the process leading up to childbirth. Braxton-Hicks or false contractions are mild, irregular pains in the abdomen that disappear when the pregnant woman sits or rests. and interventions included education on signs of labor, relaxation techniques, and family planning counseling in accordance with midwifery service standards (Indrayani et al., 2023). This indicates that promotive and preventive interventions successfully improved the physical and psychological readiness of the mother.

2. Childbirth Care

1) First Stage of labor

In the case of Mrs. V, 25 years old, G1P0A0, early signs of labor were found in the form of discharge from the birth canal accompanied by mucus and blood (bloody show). This condition indicates the release of a mucus plug due to cervical dilation. The dilation process is influenced by increased prostaglandin and oxytocin hormones. Prostaglandin softens the cervix, making it more elastic, while oxytocin stimulates uterine contractions that enable cervical changes .

The mother was at 4 cm cervical dilation, indicating the early active phase. The contractions that appeared were not yet fully strong and regular, but they already showed progressiveness. Contractions in the active phase function to assist the descent of the fetus into the pelvic cavity. A head-first presentation with a station of 0 on the Hodge III scale indicates good progress in labor. Fetal descent is influenced by the strength of uterine contractions, relaxation of the pelvic ligaments, and the force of intra-abdominal pressure.10

In addition to physical factors, psychological aspects also play an important role. Emotional support provided during labor can increase endorphins, reduce pain, and suppress the production of stress hormones such as cortisol. This is relevant to Mrs. V's condition, who received emotional support so that she was better prepared to face the labor process.

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Nutritional intake and hydration are also important in this phase. Adequate energy intake by the mother can reduce the risk of maternal fatigue associated with the length of the delivery process. Oral fluid administration is preferred, while intravenous fluids should only be given on medical indication after consultation with a doctor, in accordance with obstetric service standards in primary health facilities (Suryanti, 2023).

In the progress notes after 4 hours of observation, the mother's contractions became more intense, regular, and frequent, in line with the characteristics of adequate contractions (fundal dominance, rhythmic, increasing intensity, duration of 45-60 seconds) (Wulandari & Kusuma, 2021). These contractions caused faster cervical dilation and a more significant descent of the fetal head. Complaints of cramps accompanied by the discharge of mucus mixed with blood and amniotic fluid indicate the progression of labor (Sriwenda, 2014).

The mother also experiences nausea and vomiting. This can be caused by increased levels of oxytocin, prostaglandin, and catecholamine hormones during labor, which affect the digestive tract. Severe labor pain stimulates the sympathetic nervous system, which often triggers nausea. In addition, pressure from the fetus's head on the stomach can worsen symptoms. Therefore, oral fluids and adequate nutrition, supported by a comfortable position and emotional support, are more recommended than early invasive interventions. Non-pharmacological interventions such as breathing relaxation techniques have been shown to be effective in reducing anxiety and pain. Breathing exercises in prenatal yoga activate the parasympathetic nervous system, lower heart rate, stabilize blood pressure, and suppress the production of stress hormones such as adrenaline. Yoga movements such as pelvic rooting, in which the pelvis moves, cause the sacroiliac joints and pubic symphysis to loosen due to the influence of the hormone relaxin and expand the transverse and anteroposterior diameters of the pelvis, especially at the pelvic outlet, thereby creating more space for the descent of the fetal head. This results in better pain control and more effective uterine contractions (Kartika et al., 2021).

2) Second stage of labor

During the second stage of labor in Mrs. V, there was an increase in uterine contractions that were stronger and more frequent than in the first stage. The intensity of contractions in the second stage was influenced by increased oxytocin secretion triggered by stretching of the cervix and vagina, which then strengthened uterine contractions and accelerated the descent of the fetus into the birth canal. The examination results showed spontaneous pushing, pressure on the anus, a protruding perineum, an open vulva, and the position of the fetal head at Hodge IV with a station of +5, indicating that the fetal head was already visible in front of the vulva and that the birth process was imminent (Puspitasari, 2020).

The pushing mechanism occurs due to the Ferguson reflex, which is the stretching of the cervical and vaginal walls by the lowest part of the fetus, stimulating the release of additional oxytocin, thereby increasing uterine contractions. At this stage, the effectiveness of pushing is crucial to the success of delivery. Teaching the correct pushing technique, which involves taking a deep breath, holding it, and then pushing as hard as possible in time with the contractions, has been proven to increase the efficiency of delivery, speed up the birth of the baby, and reduce the risk of exhaustion in the mother. The pain experienced by the mother during the second stage is mainly caused by stretching of the perineal tissue, pressure from the baby's head on the pelvic floor, and the

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dilation of soft tissue, which triggers a burning sensation known as the ring of fire (Hastuti, 2021).

This condition not only causes physical discomfort but also has the potential to cause psychological tension, so emotional and physical support from health workers and birth companions is essential. Such support can increase the production of oxytocin and endorphins, which physiologically play a role in reducing pain and providing a calming effect on the mother. After the baby was born spontaneously at 11:10 p.m., immediate postpartum care was provided in the form of monitoring the mother's condition to prevent complications such as postpartum hemorrhage and examining the baby through an APGAR assessment to ensure respiratory adaptation and physical condition, in accordance with midwifery service standards. The success of the second stage is not only determined by the strength of contractions and pushing techniques but also by healthcare providers' interventions in providing physical and psychological support, as well as preventive measures after the baby is born (WHO, 2022).

3) **Third stage of labor**

During the third stage of Mrs. V's labor, it was observed that uterine contractions continued after the baby was born, functioning as a physiological mechanism to assist in the delivery of the placenta. These contractions are triggered by the release of endogenous and exogenous oxytocin, which stimulates the myometrial muscle fibers, causing the uterus to contract rhythmically. The process of placental delivery occurs through the separation of the basal decidua layer, accompanied by the vasoconstriction of blood vessels in the implantation area, which plays an important role in preventing excessive bleeding. The cramping felt by the mother at this stage is a physiological response of the body to postpartum uterine contractions. The administration of oxytocin during the third stage of labor via intramuscular injection is part of Active Management of the Third Stage of Labor (AMTSL), which is recommended to strengthen uterine contractions, accelerate placental delivery, and reduce the risk of postpartum hemorrhage, given that postpartum hemorrhage remains one of the leading causes of maternal morbidity and mortality worldwide (Niasin, 2021). The success of the third stage is largely determined by the healthcare provider's close monitoring of the placental delivery process and uterine contractions. After the placenta is delivered, a complete examination of the placenta must be performed to ensure that no tissue is left in the uterus, as residual placenta can cause serious complications such as postpartum hemorrhage, uterine subinvolution, and endometrial infection.

4) **Fourth stage of labor**

During the fourth stage of labor, it was found that the first two hours after delivery are a critical phase for the mother, during which uterine contractions must remain optimal to ensure closure of the blood vessels at the site of placental implantation and prevent postpartum hemorrhage. Adequate uterine contractions compress the open blood vessels in the basal decidua layer, thereby functioning as physiological hemostasis (Herliyana et al., 2022).

In Mrs. V's case, a grade II perineal laceration was found and treated with a one-by-one suturing technique, in accordance with obstetric practice standards, with the aim of preventing infection, accelerating healing, and minimizing tissue trauma. In addition, early mobilization is recommended after delivery to improve blood circulation, reduce the risk of deep vein thrombosis, and accelerate the mother's physical recovery. Education about early mobilization, uterine massage, and relaxation techniques plays an important role in supporting uterine involution.

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Uterine massage has been shown to stimulate the release of endogenous oxytocin, which not only increases uterine contractions and prevents uterine atony but also contributes to increased milk production through stimulation of the let-down reflex.18 Nutritional and hydration needs after delivery are also very important, as they play a role in accelerating the mother's energy recovery, supporting perineal wound healing, and supporting successful lactation. Thus, close monitoring during the fourth stage of labor through observation of vital signs, uterine contractions, bleeding, and perineal condition is a fundamental aspect in ensuring the safety of the mother and supporting a smooth transition to the postpartum phase.

3. Post Partum

The first postpartum visit showed that the mother's main complaints were pain and soreness in the perineal sutures and cramps, which are common physiological responses after childbirth. Pain in the perineum is a normal effect of tissue trauma due to laceration or episiotomy, while cramping is related to uterine contractions as a protective mechanism of the body to prevent postpartum bleeding and support the involution process.19 The midwifery care provided to Mrs. V was in accordance with standards, including monitoring for bleeding, assessing the height of the uterine fundus, counseling on exclusive breastfeeding, nutrition, personal hygiene, and postpartum danger signs. Efforts to improve personal hygiene are crucial, as perineal cleanliness is directly related to the risk of infection and wound healing. In addition, education However, the administration of amoxicillin antibiotics in cases of second-degree perineal lacerations needs to be criticized, considering that antibiotic prophylaxis is only recommended for third- and fourth-degree tears or when there are risk factors for infection. Routine administration of antibiotics for first- and second-degree tears is not recommended, although in some high-risk conditions it may be considered to prevent infection (Priansiska & Aprina, 2024).

The second postpartum visit focuses on monitoring uterine involution, breastfeeding status, nutritional status, and early detection of danger signs in accordance with Indonesian Ministry of Health guidelines. In Mrs. V's case, the condition of the uterus showed normal involution, and there were no danger signs such as fever, bleeding, or infection, so the recovery process can be said to be in accordance with postpartum physiology. The mother's complaint that her breast milk was thick, yellow, and abundant is a sign of colostrum secretion, which is the initial breast milk rich in immunoglobulins, proteins, vitamins, minerals, and important immunological factors for babies. The bioactive compounds in colostrum have also been proven to protect the infant from oxidative stress, bacterial infections, and viruses, making its administration particularly important in the first three days of life. Education about colostrum provided to mothers to build confidence in exclusive breastfeeding, as well as the nutritional and hydration aspects of postpartum mothers, is also an important consideration as it directly impacts breast milk production (Agustini et al., 2024; Khofiyah & C, 2023; Mutmainah et al., 2020).

The third postpartum visit showed that Mrs. V shows physiological recovery with normal uterine involution, strong contractions, bleeding within normal limits, and lochia according to the stages. The absence of complaints or signs of postpartum complications indicates that the mother is adapting well. Abundant breast milk and on-demand breastfeeding reflect successful lactation, which also contributes to oxytocin stimulation, thereby accelerating uterine involution. The focus of postpartum care at this stage is to ensure involution, support successful exclusive breastfeeding, and detect complications early (Ayu et al., 2022; Ciampo & Ciampo, 2018).

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During the fourth postpartum visit, Mrs. V showed optimal recovery, marked by complete uterine involution (no palpable TFU), lochia alba, normal vital signs, and no complaints during lactation. This indicates that the postpartum period has passed without complications. The mother's success in providing exclusive breastfeeding until day 40 is commendable, as it emphasizes the importance of exclusive breastfeeding during the first six months of a baby's life.

Additionally, Mrs. V's choice of an IUD contraceptive, made together with her husband, demonstrates the family's awareness in planning for their next pregnancy. The counseling process using a balanced strategy approach and the provision of informed consent underscore the importance of informed choice in family planning services. Full support from the husband and family is also an important factor in the successful use of postpartum contraception; the involvement of the partner greatly influences the continuity of family planning use. Thus, the care provided during the fourth postpartum visit was in accordance with postpartum service standards, which not only focus on monitoring the health of the mother and baby but also on successful lactation and family planning (Noftalina et al., 2021).

4. Newborn Care

Midwifery care for newborns up to 1 month of age shows that Mrs. V's baby is within normal limits and in line with the expected stages of growth and development. During the newborn period, the baby received essential neonatal care such as Early Breastfeeding Initiation, eye ointment application, and vitamin K administration. These measures aim to prevent infection, bleeding, maintain the baby's body temperature, and strengthen the bond between mother and baby. Objective data in the form of a weight of 3,200 grams and a length of 49 cm indicate that the baby was born full-term and in good health.

During the first neonatal visit, the baby received Hepatitis B-0 immunization within 6 hours after birth. This is in accordance with early immunization, which has been proven effective in preventing hepatitis B transmission. Education on proper umbilical cord care also supports infection prevention efforts, following the principles of clean, dry, and open.

At the one-month neonatal visit, the baby is healthy and ready to receive the BCG immunization. Educating parents about the possibility of post-immunization events is very important to prevent excessive anxiety. Knowledge about normal reactions after vaccination, such as the appearance of papules or small ulcers, helps parents in providing care at home and increases compliance with the immunization schedule (Fathony[1] et al., 2022).

CONCLUSION

Mrs. V received care during three visits. Overall, her examinations were normal, but she complained of anxiety about facing childbirth, and there was some discomfort in the third trimester. During this pregnancy, she was introduced to prenatal yoga. The prenatal yoga method can be introduced early in pregnancy as one option for preparing for childbirth, so that mothers are better prepared mentally and emotionally. Labor proceeded normally from stage I to stage IV. No problems were encountered during the delivery process, and prenatal yoga was provided to the mother to boost her confidence, increase her comfort, reduce pain, and shorten the duration of stages I and II of labor. During the care period, the mother had no complaints. During this midwifery care, the mother was also given counseling using SKB, so that she felt confident and decided to use IUD contraception. The mother has been using an IUD since the end of her postpartum period.

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A minimum of four postpartum visits is required according to the standard to monitor the mother's recovery and breastfeeding success. After conducting a review of newborn care from 1 hour to 1 month, it can be concluded that newborn care has been in accordance with midwife standards, babies have received immunizations, their nutritional needs have been met, they have been breastfed on demand, prophylaxis has been administered according to standards, and babies' growth is appropriate for their age. Yoga prenatal adalah salah satu langkah yang dapat dipersiapkan selama kehamilan dan telah terbukti efektif dalam mengurangi kecemasan sebelum persalinan.

RECOMMENDATION

Prenatal yoga is recommended for pregnant women to reduce anxiety before childbirth and improve maternal well-being.

REFERENCES

Agustini, F., Apriasih, H., Lestari, A. T. B., & Rahayu, N. T. (2024). Analysis of the Success of Early Breastfeeding Initiation on Stunting in Infants Aged Less Than 12 Months. *Genius Journal*, *5*(2), 326–333. https://doi.org/10.56359/gj.v5i2.417

Arantika, F. (2024). Patologi Kehamilan Memahami Berbagai Penyakit & Komplikasi Kehamilan. *Citra Delima*, *7*(2), 128–132.

Ayu, A. E. P., Septiani, H., Wulan Ratna Dewi, S., Nurherliyany, M., Divilda, M., Gumilar, S., & Petricka, G. (2022). Oxytocin Massage and Breastfeeding on Demand in the Uterine Involution Process. *Genius Midwifery Journal*, *1*(1), 22–25. https://doi.org/10.56359/genmj.v1i1.104

Ciampo, L. A. Del, & Ciampo, I. R. L. Del. (2018). Breastfeeding and the Benefits of Lactation for Women's Health Aleitamento materno e seus benefícios para a saúde da mulher. *Rev Bras Ginecol Obstet*, *40*, 354–359. https://doi.org/10.1055/s-0038-1657766

Fadila, & Pratiwi. (2020). Asuhan Dukungan Psikologis Ibu Terhadap Persalinan Primipara. *Jurnal Kebidanna*, *2*(1), 67–73.

Fathony[1], Z., Mirawati, N. R., & Rahmah, A. (2022). Penyuluhan Kebutuhan Dasar Ibu Bersalin. *Jurnal Perak Malahayati: Pengabdian Kepada Masyarakat (PKM)*, *4*(2).

Hastuti. (2021). Mekanisme Persalinan Kala II Dan Teknik Mengedan Efektif. *Jurnal Kesehatan Reproduksi Indonesia*, *11*(2), 89–97.

Herliyana, L., Purnamayanti, S.Si., M.Farm-Klin., A., & Prasetyadi, F. O. H. (2022). Pengetahuan dan Perilaku Pencegahan Infeksi Luka Jahitan Persalinan Grade 2 dengan Antibiotik - Laporan Kasus Ibu dengan Kehamilan Berisiko Tinggi. *Journal of Islamic Pharmacy*, *6*(2), 79–83. https://doi.org/10.18860/jip.v6i2.13958

Indrayani, D., Legiati, T., & Ferina. (2023). Exercise During Pregnancy Reduce Labor Anxiety. *Women, Midwives, And Midwifery*, *3*(1), 15–23.

Kartika, Rahmawati, & Nugroho. (2021). Pengaruh Air Ketuban Terhadap Kelancaran Proses Persalinan. *Jurnal Obstetri Dan Ginekologi Indonesia*, *2*(10).

Khofiyah, N., & C, F. E. (2023). Determinants of Successful Implementation of Early Breastfeeding Initiation in RSU PKU Muhammadiyah Gamping , Yogyakarta. *Jurnal EduHealth*, *14*(04), 238–244. https://ejournal.seaninstitute.or.id/index.php/healt/article/view/3172

Mutmainah, M., Anggraeni, S., & Hidajaturrokhmah, N. Y. (2020). The Successful Implementation of Early Breastfeeding Initiation Judging From The Level Of Knowledge and Family Support At R.S Prasetya Husada Karangploso Malang. *Open Access Health Scientific Journal*, *1*(1), 17–21. https://doi.org/10.55700/oahsj.v1i1.4

Volume 2 No 2, Hal 33-44, Desember 2025
E-ISSN: 3090-577X
https://doi.org/10.34035/jmrh.v2i2.1946

Niar, N., Mudia, R. T. Z., Aditia, D. S., Hudzaifah, H. M., Lamana, A., Astuti, H., S., F. K., Sari, N., Trivina, T., Setiawati, R., Wariyaka, M. R., Ningtyas, S. F., Rohmah, A. N., & Murni, D. (2023). Konsep Kebidanan. In A. Arsulfa & F. Fitriyanti (Eds.), *Eureka Media Aksara*. Eureka Media Aksara.

Niasin. (2021). Asuhan Berkesinambungan Pada Ny. W Di PMB Wastatu Di Banjarmasin. *Jurnal Kebidanan*, *5*(1), 56–63.

Ningsih, D. A. (2019). Contunuity Of Care. *Jurnal Ibrahimy*, *IV*(2), 67–77.

Noftalina, E., Riana, E., Nurvembrianti, I., & Aprina, T. (2021). *Asuhan Kebidanan Pada Persalinan Dan Bayi Baru Lahir*. polita press.

Priansiska, N., & Aprina, H. (2024). *Psikologi pada Ibu Nifas*. Penerbit NEM.

Puspitasari, E. (2020). Hubungan Dukungan Suami Dan Keluarga Dengan Intensitas Nyeri Persalinan Kala I. *Jurnal Kesehatan*, *12*(2), 118–124.

Radimas. (2022). Implementasi Continuity Of Care Dalam Menurunkan Risiko Komplikasi Kehami-lan. *Jurnal Kesehatan Reproduksi*, *1*(4).

Ratni. (2022). Aspek Hukum Terhadap Kewenangan Bidan Pada Pelayanan Kesehatan di Rumah Sakit. *Jurnal Hukum in Concreto*, *1*(1), 1–10.

Sriwenda, D. (2014). Efektifitas Latihan Birth Ball t erhadap Efikasi Diri Primipara dengan Persalinan Normal Efectivity of Birth Ball Exercise o n Self Efficacy of Primiparous with Normal Labor. *Jurnal Ners Dan Kebidanan Indonesia*, 141–147. https://doi.org/https://ejournal.almaata.ac.id/index.php/JNKI/article/view/254

Suryanti. (2023). Pemantauan Nutrisi Pada Ibu Hamil Untuk Mencegah Komplikasi Kehamilan. *Gizi Ibu Dan Anak*, *1*(6), 12–20.

Wandara. (2020). *Buku Ajar Kebidanan Persalinan*. Zahara.

WHO. (2022). *Maternal And Child Health Guidelines*. WHO Press.

Wulandari, & Kusuma. (2021). Peran Prostaglandin Dan Oksitosin Dalam Proses Dilatasi Serviks. *Obstetri Indonesia*, *2*(15), 87–95.