

ANTENATAL MIDWIFERY CARE FOR Mrs. “Z” WITH EMESIS GRAVIDARUM AT MAWASANGKA PUBLIC HEALTH CENTER

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A B S T R A K

Background: Emesis gravidarum, or nausea and vomiting in early pregnancy, is a physiological response due to increased levels of HCG hormone from the placenta. This symptom often occurs in the morning (morning sickness) and, while generally considered normal, can interfere with the comfort and health of the mother if not properly managed. **Objective:** This study aims to provide an overview of the antenatal care management for Mrs. "Z," who is experiencing emesis gravidarum at Mawasangka Health Center. The study will evaluate the implementation of the care provided, including interventions and their impact on the health of both the mother and the fetus. **Research Method:** This study uses a descriptive case study design with a seven-step Varney approach and SOAP documentation to comprehensively assess and manage the mother's condition. **Management:** The management includes explaining the mother's condition, assessing the frequency of nausea and vomiting, informing the mother about the benefits of ginger, and teaching her how to consume warm ginger tea. **Results:** Based on the case study, the management of antenatal care and the use of SOAP documentation for resolving obstetric problems led to the conclusion that Mrs. "Z" with emesis gravidarum at Mawasangka Community Health Center benefited from the intervention. **Conclusion:** After the antenatal care, emesis gravidarum was resolved with the administration of warm ginger tea. This shows that the care provided was effective. **Recommendation:** It is recommended that health services become more proactive in preparing and facilitating the management of risks associated with emesis gravidarum by providing adequate education and early interventions to support the health of pregnant women and optimal fetal development.

INTRODUCTION

Emesis gravidarum, often known as morning sickness, is a physiological response of the body that occurs as a result of increased levels of the hormone Human Chorionic Gonadotropin (HCG), produced by the placenta. Mild symptoms of this condition, often called morning sickness, are usually considered normal. However, if symptoms are excessive and persistent, they can disrupt the body's fluid balance, leading to dehydration. (Wardani et al., 2020).

In 2019 in Indonesia, it was recorded that 543 out of 2,203 pregnant women experienced nausea and vomiting in early pregnancy, with an average prevalence reaching 67.9%. (Retni et al., 2020) Approximately 50% to 70% of pregnant women in Indonesia experience nausea and vomiting in the first trimester or early pregnancy. Emesis gravidarum is more common in primigravidas, with a prevalence ranging from 60% to 80%, while in multigravidas the prevalence is lower.

According to research Maulana (2020), shows that nausea in the first trimester of pregnancy is a common condition, with a prevalence ranging from 50% to 90% among pregnant women. The severity of this nausea varies from person to person; some women may experience only mild nausea, while others may experience severe nausea accompanied by vomiting. In some cases, nausea that persists throughout the day can interfere with daily activities and require medical attention.

The body's response to hormonal changes and other factors such as stress, diet, and medical history can influence the level of nausea experienced. Therefore, it is important for every pregnant woman to receive appropriate support and care to manage this symptom.

According to research Claudia (2022) There is a relationship between maternal age and gestational status with the frequency of Emesis Gravidarum. Primigravida, or first-time mothers, are more likely to experience Emesis Gravidarum than other pregnant women. Of the 39 respondents, 34 (87.2%) experienced this condition, and only 5 (12.8%) did not.

Decreased appetite can be caused by emesis gravidarum, which in turn can disrupt the body's electrolyte balance, consisting of sodium, calcium, and potassium. This electrolyte imbalance can impact the body's overall metabolic processes.

If not treated properly, this condition can develop into persistent vomiting, which ultimately causes pregnant women to experience symptoms such as paler-looking skin, body weakness, and decreased frequency of urination.(Yanuaringsih et al., 2020).

In Southeast Sulawesi, the incidence of hyperemesis gravidarum in the first trimester is reported to be around 3.5% (Southeast Sulawesi Health Office, 2023). Meanwhile, in North Kolaka Regency, the number of cases in pregnant women in the first trimester was recorded at 78,632.(Retni et al., 2020)Local data from the Mawasangka Community Health Center in Central Buton Regency shows that there were 20 cases of emesis gravidarum between January and March 2025.

Of the 20 pregnant women in the first trimester who experienced nausea and vomiting, the researcher only took one respondent to be the research subject, namely Mrs. "Z", on March 6, 2025 the researcher attended the integrated health post in the Bajo area for examination of pregnant women and found Mrs. "Z" aged 24 years, G2P1A0, 12 weeks gestation, with complaints of nausea and vomiting especially in the morning. Mrs. "Z" admitted that it was difficult to consume food and drinks, so she experienced a weight loss of around 3 kg.

METHOD

The method used is a case study approach which produces descriptive data. A simple case study is defined as a process of in-depth, detailed and detailed investigation of a particular event or event that occurs in particular.

Midwifery care in this study was implemented using Helen Varney's midwifery management approach. The process includes seven main steps: collecting subjective and objective data, establishing an actual diagnosis, identifying potential problems, determining immediate needs, planning interventions, implementing actions, and evaluating them. All stages were recorded in SOAP format to facilitate monitoring of the patient's progress.

This case study aims to explore antenatal care for Mrs. "Z" who experienced emesis gravidarum at the Mawasangka Community Health Center, Central Buton Regency. This study was conducted from January to March 2025, with a focus on providing a comprehensive overview of the management of emesis gravidarum cases.

Data collection was conducted through structured interviews and direct observation to obtain subjective and objective information. These techniques were chosen to ensure the validity of the collected data and support analysis and management in accordance with Varney's seven-step principles and the SOAP format.

This study collected data directly at the Mawasangka Community Health Center through observation, physical examinations, interviews, and documentation. Data collection was conducted from January to March 2025 to obtain accurate and valid results.

RESULTS & DISCUSSION

Subjective Data

On March 6, 2025 at 16.00 WITA, subjective data was collected regarding the identity of patient Mrs. "Z" and her husband Mr. "R", which showed that Mrs. "Z" was 24 years old and her husband Mr. "R" was 30 years old, had been married for approximately 2 years, were of Buton ethnicity, were Muslim with a wife with a junior high school education and a husband with an elementary school education. Mrs. "Z" is a housewife, while Mr. "R" works as a fisherman, and they live in Bajo.

Mrs. "Z" visited the Community Health Center for a checkup on her 12-week pregnancy. This was her second pregnancy (G2P1A0) with no history of miscarriage. Her last menstrual period (LMP) was recorded on December 12, 2024. The patient complained of morning sickness, vomiting three times a day for the past two days, and a decreased appetite. She had no history of infectious diseases or chronic conditions such as diabetes, hypertension, heart disease, asthma, or kidney disorders, and was not taking any over-the-counter medications during her pregnancy.

Her reproductive history revealed menarche at age 14, with regular menstrual cycles of 28 days, lasting 6–7 days, and no dysmenorrhea. The patient had never used contraception. Her pre-pregnancy nutritional habits included eating three meals a day (rice, fish, and vegetables) and drinking approximately seven glasses of water. During the first trimester, this decreased to one to two meals a

day, often with portions often not finished, often as little as three tablespoons due to nausea and vomiting. The patient tried to maintain her fluid intake by drinking as much as possible.

Objective Data

The results of the physical examination showed that the patient appeared weak with *compos mentis* consciousness. The face looked pale, the lips were dry, the conjunctiva was slightly pale, but the sclera remained white. The patient's vital signs were normal: blood pressure 110/70 mmHg, pulse 80 beats per minute, body temperature 36.5°C, and respiratory rate 20 breaths per minute. The upper arm circumference (MUAC) was 23 cm. Before pregnancy, the patient weighed 48 kg with a height of 145 cm, but currently only 45 kg. The hemoglobin (Hb) level of 11 g/dl was indicated by laboratory examination. Leopold I examination showed a Fundal Height of the Uterus (FH) two fingers above the symphysis. Leopold II–IV still showed ballottement. Based on the LMP from December 12, 2024 to the visit date of March 6, 2025, the gestational age was estimated at 12 weeks with an estimated delivery on September 19, 2025. Until the time of the examination, the patient had not felt fetal movement.

Data analysis

G2P1A0, Gravida 12 weeks, Intrauterine, Single fetus, Live fetus, Mother with *Emesis Gravidarum*.

Management

The intervention given to Mrs. "Z" was in the form of education regarding the consumption of warm ginger tea and vitamin B6 supplementation.

According to Wardani et al., (2020) Ginger contains essential oils that provide a refreshing sensation while suppressing the gag reflex. Furthermore, the gingerol compound in ginger helps improve blood circulation and supports nervous system function, while the oleoresin produces a spicy flavor that has a warming effect on the body.

Similar findings in research Yuliana & Armila, (2023) This study showed that administering ginger extract and vitamin B6 reduced the intensity of nausea and vomiting in pregnant women in the first trimester. The average score before the intervention was 13.23, while after the intervention it decreased to 9.21, a difference of 4.02 points. These results confirm a significant effect in reducing symptoms of *emesis gravidarum*. Therefore, pregnant women are advised to consume warm ginger and vitamin B6 when experiencing nausea, with the assistance of a health professional who also teaches how to process ginger independently at home.

DISCUSSION

Subjective Data

On March 6, 2025, at 4:00 PM WITA, Mrs. "Z" came for an Antenatal Care (ANC) examination to monitor the health of the mother and fetus. This examination aims to ensure that the mother and fetus are in good health and to detect early potential problems that may arise during pregnancy. At the time of the visit, the patient still complained of morning sickness. Pregnancy is a crucial and highly anticipated period, as it determines the quality of human resources in the future. Fetal growth and development from in the womb is influenced by various factors, one of which is the mother's nutritional status during pregnancy (Safitri et al., 2021).

Although the exact cause of *emesis gravidarum* is unknown, it is influenced by several factors, such as trophoblast activity, gonadotropin production, and psychological factors (Damayanti, 2020). Furthermore, pancreatitis, changes in gastric acid secretion and motility, and social, cultural, and economic factors, such as lack of support from the husband and maternal anxiety, may also contribute to this condition.

On March 6, 2025, at 4:00 PM WITA, Mrs. "Z" visited the Community Health Center (Puskesmas) for an Antenatal Care (ANC) examination to monitor the health of the mother and fetus. This examination was conducted to ensure the health of the mother and fetus and to detect potential problems that may arise during pregnancy early. This calculation was performed using Naegele's formula based on the LMP (Last Menstrual Period) (Fahira et al., 2024).

Mrs. "Z" had undergone one prenatal checkup at the Mawasangka Community Health Center and received two TT immunizations. Based on her medical history, the patient had no chronic illnesses such as asthma, diabetes, hypertension, or heart problems, and no family history of infectious diseases or genetic disorders. The patient had also never used contraception and was not a family planning

(KB) participant, indicating a stable health status and no significant risk factors were identified.(Safitri et al., 2021).

Objective Data

After the assessment, the examination results showed that Mrs. "Z" appeared weak with compos mentis consciousness. Physical examination showed that the face looked pale, the lips were dry, the conjunctiva was slightly pale and the sclera of the eyes were white. The examination results showed that the patient's vital signs were within normal limits, namely blood pressure of 110/70 mmHg, pulse rate of 80 beats per minute, body temperature of 36.5°C, and respiratory rate of 20 breaths per minute. The upper arm circumference (MUAC) was recorded as 23 cm. Before pregnancy, the patient's weight was 48 kg with a height of 145 cm, resulting in a Body Mass Index (BMI) of 22.82. Currently, the patient's weight has decreased slightly to 45 kg. Laboratory examination results showed a hemoglobin level of 11 g/dl.

Leopold II-IV examination still shows Ballotement results, but Leopold I examination shows that the Fundal Height of the Uterus (FH) is located 2 fingers above the symphysis pubis. The gestational age is estimated to be around twelve weeks based on the First Day of the Last Menstrual Period (LMP), which occurred on December 12, 2024 and ended on March 6, 2025. The mother has not felt the development of her fetus, and the estimated date of delivery (DPD) is September 19, 2025.(Yusra et al., 2021).

Analysis

Based on the subjective and objective data review, the analysis concluded that the mother's problem was within the midwife's jurisdiction and did not require collaboration with a doctor. The appropriate treatment or action was to use complementary care, including ginger tea and vitamin B6.

Hyperemesis gravidarum can cause repeated vomiting, which can make a pregnant woman pale and weak, and disrupt metabolism due to an imbalance of electrolytes such as sodium, calcium, and potassium. This condition also carries the risk of dehydration and increased blood viscosity (hemoconcentration), which in turn can impede blood circulation and damage body tissue. (Yanuaringsih et al., 2020).

Management

Based on the study of subjective and objective data, it was found that it can influence mothers experiencing Emesis Gravidarum. The exact cause of this condition is unknown, but several related factors include trophoblast activity, gonadotropin production, and psychological factors. Other possible contributing factors include pancreatitis, changes in gastric secretion, and the influence of the social, cultural, and economic environment. This condition can be exacerbated by anxiety, guilt, and lack of support from the husband. Understanding these components is crucial to determining appropriate and effective treatment. Therefore, managing this situation effectively requires a comprehensive approach involving biological, psychological, and social elements.(Ayuni et al., 2023).

Pregnant women with anemia are at higher risk of giving birth to low birth weight babies, as reduced oxygen supply due to low hemoglobin levels can affect both maternal and fetal metabolism. This condition also increases the likelihood of premature birth, as suboptimal metabolism impacts the fetus's nutritional intake during pregnancy.(Ansi et al., 2025)

Mrs. "Z" was given an explanation of the danger signs of emesis gravidarum. If this condition is not properly managed, the body can lose energy reserves from carbohydrates and fats. When the body cannot oxidize fat properly, ketosis occurs, characterized by the accumulation of substances such as acetoacetic acid, hydroxybutyric acid, and acetone in the blood. Furthermore, repeated vomiting, combined with low fluid intake, can lead to dehydration. This reduces fluid volume in the body, lowering sodium and chloride levels in the blood, even in the urine. Dehydration can also trigger hemoconcentration, which ultimately disrupts blood flow to body tissues, reducing the supply of oxygen and nutrients.(Fauziah et al., 2022).

At her next visit, Mrs. "Z" continued to experience symptoms of emesis gravidarum. This condition not only impacts her health but also potentially increases the risk of complications for the fetus. Symptoms include decreased appetite, electrolyte imbalance, dehydration, weakness, and weight loss. Impacts on the fetus can include limited intake of essential nutrients, which can hinder intrauterine growth, reduce birth weight, and affect overall fetal development.(Ayuni et al., 2023).

As a follow-up, mothers are advised to consume a balanced diet containing carbohydrates, protein, vegetables, and fruits in small, frequent portions, and to increase fluid intake to avoid

dehydration. Malnutrition before and during pregnancy is a significant factor in the development of low birth weight (LBW) and perinatal mortality. Micronutrient deficiencies, particularly vitamin A and iron, can increase the risk of anemia and susceptibility to infection. Infections in the mother can reach the placenta and affect the fetus, potentially leading to growth retardation, premature delivery, congenital abnormalities, and even intrauterine fetal death.(Ansi et al., 2025)

CONCLUSION

The results of the assessment and practical experience at the Mawasangka Community Health Center indicate that mother "Z" with emesis gravidarum was well and effectively cared for. The study demonstrated that the approach used was effective in monitoring and managing the condition of the mother and fetus. The approach implemented included comprehensive maternal health monitoring and providing appropriate education, with the aim of reducing the impact of this condition and improving the well-being of the mother and fetus. The process began with the collection of subjective and objective data, followed by the formulation of a diagnosis and the identification of actual and potential problems. Appropriate intervention planning, including education and non-pharmacological therapy such as consuming warm ginger tea, proved effective in reducing complaints of nausea and vomiting. The evaluation showed that the objectives of midwifery care were achieved, with the health of the mother and fetus maintained. This demonstrates the importance of comprehensive midwifery care management in the management of emesis gravidarum, as well as its contribution to improving the quality of life of pregnant women. The right approach can help mothers feel more comfortable and support a healthier pregnancy.

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