

Comprehensive Antenatal Midwifery Care for Pregnant Women with Grade I Hyperemesis Gravidarum through Lavender Aromatherapy

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A B S T R A C T

Background : Hyperemesis gravidarum is a condition characterized by excessive nausea and vomiting in pregnant women, which can lead to dehydration, weight loss, fluid and electrolyte imbalances, and adverse effects on maternal and fetal health if not properly managed. This condition requires comprehensive midwifery care to prevent complications and improve maternal health. This study aimed to describe the implementation of antenatal midwifery care for Mrs. F, G2P1A0, at 10 weeks and 1 day of gestation with Grade I hyperemesis gravidarum through the administration of lavender aromatherapy.

Subject: The subject of this case study was Mrs. F, a 21-year-old pregnant woman with an obstetric status of G2P1A0 at 10 weeks and 1 day of gestation who experienced Grade I hyperemesis gravidarum. A descriptive case study method was used. Data were collected through interviews, observation, physical examination, documentation, and literature review. Comprehensive midwifery care was provided through assessment, diagnosis, planning, implementation, and evaluation, including education on eating small and frequent meals, adequate fluid intake, sufficient rest, and the use of lavender aromatherapy as a complementary therapy.

Results: The results showed that after receiving care for one day at the Community Health Center and two days through home visits, the frequency of nausea and vomiting decreased, appetite improved, the mother's general condition improved, and her fluid and nutritional needs were gradually met. **Conclusion:** Comprehensive antenatal midwifery care supported by lavender aromatherapy as a complementary therapy can help reduce the symptoms of Grade I hyperemesis gravidarum and improve the health condition of pregnant women.

Keywords: Midwifery Care; Lavender Aromatherapy; Hyperemesis Gravidarum; Pregnant Women; SOAP.

INTRODUCTION

Pregnancy is a physiological process that begins with fertilization and ends with childbirth. During this period, the maternal body undergoes various hormonal changes, particularly increases in the levels of estrogen, progesterone, and *Human Chorionic Gonadotropin* (HCG), which contribute to physiological changes throughout pregnancy (Hamil et al., 2022). One of the most common complaints experienced by pregnant women, particularly during the first trimester, is nausea and vomiting. In some women, this condition may progress to hyperemesis gravidarum, a condition characterized by excessive and persistent nausea and vomiting that can lead to weight loss, dehydration, fluid and electrolyte imbalances, and decreased ability to perform daily activities. If not appropriately managed, hyperemesis gravidarum may lead to various complications that can affect the health of both the mother and fetus (Marpaung et al., 2024).

According to the *World Health Organization* (WHO) data from 2019, the global maternal mortality rate remained relatively high, at approximately 216 deaths per 100,000 live births, equivalent to approximately 303,000 maternal deaths annually. Nausea and vomiting are among the most common complaints experienced during pregnancy, with a prevalence of approximately 12.5% among pregnant women worldwide. Meanwhile, hyperemesis gravidarum is estimated to occur in approximately 0.3–3.2% of all pregnancies. In Indonesia, the prevalence of hyperemesis gravidarum has been reported at 14.8% of total pregnancies and is more commonly found among primigravida

women than multigravida women. This condition is associated with hormonal changes, particularly increased levels of estrogen and *Human Chorionic Gonadotropin* (HCG), which may stimulate the vomiting center. If prolonged and inadequately managed, hyperemesis gravidarum may increase the risk of complications such as abortion, low birth weight (LBW), preterm birth, and *Intrauterine Growth Restriction* (IUGR) (Sumarni et al., 2023).

The management of hyperemesis gravidarum can be carried out through a combination of pharmacological and non-pharmacological therapies. One complementary therapy that can be used as an adjunctive treatment is lavender aromatherapy. The compounds and aroma of lavender are known to have a relaxing effect, which may help reduce the body's response to nausea and vomiting stimuli, thereby decreasing the frequency and severity of symptoms in pregnant women. Based on research by Rimbawati, Romadhon, and Afdhal, the administration of lavender aromatherapy showed positive results in reducing symptoms of hyperemesis gravidarum and improving maternal condition. Similar findings were reported by Kurnia and Widayati, who stated that lavender aromatherapy was effective in reducing the frequency of nausea and vomiting among pregnant women in the first trimester. In addition, Haniyah stated that lavender aromatherapy can be used as an alternative non-pharmacological therapy to help reduce symptoms of hyperemesis gravidarum during pregnancy (Hospital, 2026).

Various studies have shown that lavender aromatherapy has the potential to help alleviate symptoms associated with hyperemesis gravidarum. However, the application of aromatherapy within comprehensive midwifery care, particularly through the seven-step Varney midwifery management approach and SOAP documentation in case studies, still needs to be described more systematically. The assessment conducted at Mawasangka Community Health Center identified Mrs. F, a 21-year-old woman with an obstetric status of G2P1A0 at 10 weeks and 1 day of gestation, who experienced Grade I hyperemesis gravidarum. Based on these findings, this study was conducted to describe the provision of antenatal midwifery care for pregnant women with hyperemesis gravidarum through lavender aromatherapy intervention, using the seven-step Varney midwifery management approach and SOAP documentation (Rusman et al., 2025).

METHODOLOGY

This study employed a descriptive research design with a case study approach aimed at describing the implementation of midwifery care for a pregnant woman with Grade I hyperemesis gravidarum. The study was conducted at Mawasangka Community Health Center, Central Buton Regency, from December 1, 2025, to January 23, 2026. The subject of the study was Mrs. F, a pregnant woman with an obstetric status of G2P1A0 at 10 weeks and 1 day of gestation, diagnosed with Grade I hyperemesis gravidarum. Midwifery care was provided using the seven-step Varney midwifery management approach and documented using the SOAP format (Winarto, 2018).

The research data consisted of primary and secondary data. Primary data were obtained through interviews, observations, and physical examinations, while secondary data were obtained from medical records, maternal and child health (MCH) books, and relevant literature reviews. Data analysis was conducted descriptively based on the stages of the seven-step Varney midwifery management approach, and the results of the care provided were documented using the SOAP format to evaluate the mother's condition throughout the care process (Undari Sulung, 2024).

RESULTS & DISCUSSION

Subjective Data

Mrs. F, 21 years old, with an obstetric status of G2P1A0 and a gestational age of 10 weeks and 1 day, presented to Mawasangka Community Health Center with complaints of nausea and vomiting that had occurred for three days prior to the examination. The mother reported vomiting approximately seven times a day, particularly after eating and drinking. These complaints were accompanied by decreased appetite and weakness. The mother was willing to follow the recommendations provided, including dietary management, adequate fluid and nutritional intake, sufficient rest, and the use of lavender aromatherapy.

Based on the interpretation of the data, Mrs. "F" is still experiencing complaints of nausea and vomiting with a frequency of seven times per day, accompanied by a decreased appetite. This condition indicates that the symptoms of first-degree hyperemesis gravidarum are still present after the provision of care. Mrs. "F" has understood the education provided regarding nutritional fulfillment, personal hygiene, adequate rest, pregnancy danger signs, and the importance of routine antenatal

check-ups. Lavender aromatherapy was given as a complementary therapy to help reduce the intensity of nausea and vomiting experienced.

These complaints have reduced the mother's appetite and caused her body to feel weak, but she is still able to eat and drink, although only in small amounts. The mother is also willing to follow the recommendations given, such as eating small portions more frequently, meeting fluid and nutritional needs, getting adequate rest, and using lavender aromatherapy

Objective Data

The results of the anamnesis and physical examination indicated that the mother experienced nausea and vomiting associated with pregnancy during the first trimester. Throughout the provision of care, the mother's general condition and vital signs were routinely monitored to assess her progress. Based on the examination results, there were no signs of severe complications or other disorders accompanying the pregnancy. The assessment findings indicated that the mother experienced Grade I hyperemesis gravidarum. Midwifery care was provided based on the seven-step Varney midwifery management approach and subsequently documented using the SOAP format. The management provided included observation of the mother's general condition and vital signs, education regarding small and frequent meals, avoidance of fatty foods and strong-smelling foods, maintaining adequate fluid and nutritional intake, encouraging sufficient rest, and administering lavender aromatherapy as a complementary therapy to help reduce the frequency and intensity of nausea and vomiting

Analysis

Based on the examination results of Mrs. F, the mother experienced nausea and vomiting about seven times a day, decreased appetite, and feelings of weakness. This condition indicates first-degree hyperemesis gravidarum. However, the mother's overall condition is still relatively good, as she is still able to eat and drink, although only in small amounts, her vital signs remain normal, and no abnormalities or edema were found. Therefore, the care provided included monitoring the mother's condition, encouraging small but frequent meals, fulfilling fluid and nutritional needs, ensuring adequate rest, and administering lavender aromatherapy to help reduce nausea and vomiting.

Management

The management of Mrs. "F" with first-degree hyperemesis gravidarum was carried out by monitoring the mother's general condition and vital signs. She was advised to eat small but frequent meals, avoid fatty, spicy, and strong-smelling foods, and meet her fluid and nutritional needs. The mother was also encouraged to get adequate rest. To help reduce nausea and vomiting, lavender aromatherapy oil was administered through inhalation, accompanied by education on pregnancy danger signs and the importance of routine antenatal check-ups. In addition, the mother was instructed to return if the complaints worsened or her condition did not improve. During the care process, the mother's condition was continuously monitored and evaluations of nausea and vomiting were conducted. If her condition did not improve, collaboration with other healthcare providers was planned for further management. Based on the evaluation results, the mother's complaints of nausea and vomiting gradually decreased, and at the final monitoring she was able to eat and drink without vomiting, her general condition improved, and the problem of nausea and vomiting was resolved.

DISCUSSION

Subjective Data

Based on the assessment conducted on December 22, 2025 at 09:15 WITA (Central Indonesia Time) at Mawasangka Community Health Center (Puskesmas), data were obtained showing that Mrs. "F", aged 21 years, with obstetric status G2P1A0 and a gestational age of 10 weeks 1 day. The results of the anamnesis showed that the mother experienced nausea and vomiting up to 7 times a day, occurring particularly after she consumed food or drinks. This complaint had been felt since the early stages of pregnancy and had become increasingly bothersome as the current gestational age progressed. The nausea and vomiting she experienced caused a decrease in her appetite, reduced food and fluid intake, and a feeling of weakness throughout her body. Nevertheless, the mother was still able to eat and drink, albeit

in small portions, given that the feeling of nausea frequently arose every time she finished eating(Ristiyana et al., 2024).

The complaints experienced by Mrs. "F" are closely related to the physiological changes that commonly occur in the early stages of pregnancy. In the first trimester, increased levels of pregnancy hormones, particularly hCG and estrogen, can trigger the onset of nausea and vomiting. Complaints of this kind generally appear in the early trimester of pregnancy and can worsen if vomiting occurs repeatedly, thereby causing a reduction in the mother's food and fluid intake. In the case of Mrs. "F", the recurrent nausea and vomiting also contributed to a decrease in appetite and the onset of a feeling of weakness in her body(Arifin & Juliarti, 2022).

Based on the monitoring conducted after the administration of lavender aromatherapy, Mrs. "F" revealed that the nausea and vomiting complaints, which had initially been felt up to 7 times a day, began to show a decrease. At the visit on December 24, 2025, the mother stated that the nausea and vomiting were still felt, but their intensity had decreased compared to the previous condition. The mother also reported that her body still felt weak, occasionally accompanied by dizziness, and that her appetite had not yet fully recovered. Nevertheless, the mother felt that there had been a change in the complaints she experienced after receiving care, and she was willing to continue carrying out the recommendations that had been given(Yosi, 2022).

Objective Data

Based on the objective examination conducted on December 22, 2025 at 09:15 WITA at Mawasangka Community Health Center (Puskesmas), it was found that the general condition of Mrs. "F" appeared weak, although her level of consciousness was still composmentis (fully alert). The results of the vital signs examination showed a blood pressure of 110/80 mmHg, a pulse rate of 82 beats/minute, a body temperature of 36.5°C, and a respiratory rate of 20 breaths/minute. The mother's body weight before pregnancy was recorded at 54 kg, while at the time of the examination it was recorded at 53 kg, indicating a weight loss of 1 kg. Overall, the physical examination results did not show any significant abnormalities. Thus, although Mrs. "F" experienced recurrent nausea and vomiting, her general condition and vital signs were still relatively stable, which further supported the diagnosis of grade I hyperemesis gravidarum in her case(Jansen et al., 2024).

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On general physical examination, no abnormalities were found and no edema was present in the extremities. The mother appeared to experience nausea and vomiting after eating, with the vomitus consisting of food mixed with mucus. Based on these examination results, the mother's condition was consistent with grade I hyperemesis gravidarum.

Analysis

Based on the assessment results for Mrs. "F", it was found that the mother experienced nausea and vomiting up to 7 times a day, accompanied by a decreased appetite, was still able to consume food and drinks although in small amounts, and felt weak. The examination results showed that the mother's general condition appeared weak with composmentis consciousness. Vital signs were still within normal limits, and the physical examination did not reveal any edema or significant abnormalities. This condition indicated that the nausea and vomiting complaints experienced by the mother had become quite frequent and had an impact on the fulfillment of her nutritional and fluid needs. Based on this subjective and objective data, Mrs. "F"'s condition was consistent with the picture of grade I hyperemesis gravidarum, as the mother experienced recurrent nausea and vomiting but was still able to eat

and drink in limited amounts, and had not yet shown signs of severe complications such as impaired consciousness or unstable vital signs(No et al., 2025).

MANAGEMENT

Management for Mrs. F was carried out by monitoring the mother's general condition and vital signs. The mother was given an explanation regarding her condition and was advised to eat small but frequent meals, avoid strong-smelling foods, and drink small amounts frequently to help meet her fluid needs.

The mother was also advised to get sufficient rest and to meet her nutritional needs during pregnancy. In addition, lavender aromatherapy was administered through inhalation to help reduce nausea and vomiting and to make the mother feel more relaxed.

The mother was given information about the danger signs of pregnancy and was advised to return for a follow-up visit to monitor the progress of her condition. If the nausea and vomiting worsened or her condition did not improve, collaboration with other health professionals could be carried out(Yulita et al., 2022).

Tabel 1. Summary of Subjective and Objective Data

Aspect	Intial Findings (Day 1)	Final Findings (Day 5)	Description
Chief Complait	Nausea and Vomiting 6-7 times/day	Nause and Vomiting 1-2 times/day	Decreased
Appetite	Decreased,difficulty eating	Increased,eating 3 times a day	Improved
Body Weight	54,2 kg	55,2 kg	Increased by 0,8 kg
Vital Signs	BP 110/70 mmHg,Pulse 88beats/minute, Temperature 36,6 ⁰ C	BP 110/70 mmHg,Pulse 78beats/minute, Temperature 36,7 ⁰ C	Unstable
General Condition	Lemas,Pusing,Cemas	Feels fresher, no dizziness, calm	Improving

Source: Processed Data, 2025



*Figure 1.*Intial Examination



*Figure 2.*Administation of Lavender Aromatherapy Oil

CLOSING

Conclusion

Antenatal midwifery care for Mrs. “F,” G2P1A0, at 10 weeks and 1 day of gestation with Grade I hyperemesis gravidarum was provided using the seven-step Varney midwifery management approach and documented in the SOAP format.

The midwifery care provided included monitoring the mother's general condition and vital signs, providing education on consuming small portions of food more frequently, ensuring adequate fluid and nutritional intake, advising the mother to avoid fatty foods and strongly seasoned foods, encouraging sufficient rest, providing information about warning signs during pregnancy, and recommending regular antenatal check-ups. In addition, lavender aromatherapy was provided as a complementary therapy to help reduce nausea and vomiting.

Based on the evaluation results, the mother experienced nausea and vomiting approximately seven times a day, accompanied by decreased appetite and weakness. This condition had the potential to cause fluid deficiency, electrolyte imbalance, and inadequate nutritional intake. The midwifery care provided included observation of the mother's general condition and vital signs, recommendations to consume small portions of food more frequently, maintaining adequate fluid and nutritional intake, getting sufficient rest, avoiding fatty foods and strongly seasoned foods, providing information about warning signs during pregnancy, recommending regular antenatal care (ANC) visits, and using lavender aromatherapy. After evaluation over three visits, the complaints of nausea and vomiting gradually decreased. The mother's general condition also improved, and she was able to meet her nutritional and fluid needs without experiencing vomiting. However, these results cannot be generalized because the observation was conducted in only one case over a relatively short period.

LIMITATIONS

This study was limited to a single case with a relatively short observation period; therefore, the findings cannot be generalized to pregnant women with hyperemesis gravidarum in general. The data obtained also depended on the results of interviews, observations, physical examinations, and documentation during the care process. In addition, changes in the mother's condition cannot be attributed solely to the administration of lavender aromatherapy because other interventions were provided simultaneously, including nutritional education, adequate fluid intake, sufficient rest, and monitoring of the mother's condition.

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