

MIDWIFERY CARE FOR PREGNANT WOMEN FOR Mrs. "M" G3P2A0 WITH CHRONIC ENERGY DEFICIENCY (CED)

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ABSTRACT

Background: Chronic Energy Deficiency (CED) is a form of malnutrition caused by inadequate intake of energy and nutrients over a prolonged period. In pregnant women, this condition may increase the risk of anemia, impaired growth, and various pregnancy-related complications. **Objective:** To provide antenatal midwifery care for Mrs. "M" with Chronic Energy Deficiency at Wakambangura Tengah Community Health Center, Central Buton Regency, using the seven-step Varney midwifery care management approach. **Sample/Research subject:** Mrs. "M", a pregnant woman diagnosed with Chronic Energy Deficiency. **Method:** This report used a quantitative method with a case study approach through the application of the seven-step Varney midwifery care management and SOAP documentation. **Results:** The midwifery care provided to Mrs. "M" with Chronic Energy Deficiency showed good progress. The care included monitoring the mother's condition, administering iron tablets and biscuits for pregnant women, and providing education regarding adequate nutritional intake during pregnancy. Following the care, the mother's appetite improved, her Mid-Upper Arm Circumference (MUAC) increased, and her vital signs remained within normal limits. **Conclusion:** The midwifery care provided to Mrs. "M" with Chronic Energy Deficiency, according to the seven-step Varney midwifery care management and SOAP documentation, was implemented effectively and resulted in an improvement in the mother's condition.

INTRODUCTION

Pregnancy is a crucial period and is considered to impact the health of both mother and fetus. Adequate nutrition during pregnancy is necessary to support fetal development and growth, while ensuring optimal maternal health. Malnutrition can increase the risk of fetal developmental disorders, babies born weighing less than 2,500 grams, and complications for the mother during pregnancy and childbirth (Adriati & Chloranyta, 2022). One of the nutritional problems still found in pregnant women is Chronic Energy Deficiency (CED), which manifests as a long-term lack of energy and nutrients.

CED is a form of malnutrition resulting from persistent dietary deficiencies. This condition can begin during adolescence, particularly in young girls who experience nutritional deficiencies, putting them at risk for anemia, calcium deficiency, osteoporosis, and growth disorders (Fakhriyah et al., 2022). Globally, the prevalence of KEK in pregnant women is estimated to be around 35–37% and tends to be higher in the third trimester (AKSA, 2025). In Indonesia, the prevalence of KEK in pregnant women based on the 2023 Indonesian Health Survey was 16.9%, still higher than the Ministry of Health's target of 10% in 2024 (Rahayu & Purnomo, 2024).

The effects of chronic energy deficiency (CED) on pregnant women are known to be quite severe, as it can threaten the health of the fetus. Children born with low birth weight or premature birth are at greater risk of developing other disorders, such as infections, respiratory problems, and even death. Furthermore, babies with these conditions are at greater risk of impaired development and growth, such as brain development problems, at birth. Furthermore, pregnant women with CED can develop anemia, which negatively impacts the health of both the fetus and the mother, leading to a higher risk of premature delivery, low birth weight (LBW), and even maternal and infant mortality (Putri et al., 2023).

One of the government's efforts to address the problem of Chronic Energy Deficiency (CED) for pregnant women is through the Supplementary Feeding (PMT) program, such as biscuits that are routinely provided to pregnant women with malnutrition. These biscuits are designed to contain sufficient protein, energy, minerals, and vitamins to help meet the mother's nutritional needs during pregnancy and support the development and growth of her fetus. Providing biscuits as supplementary food has been proven to improve the nutritional

status of pregnant women as measured by weight gain and mid-upper arm circumference (MUAC) during pregnancy. Providing biscuits as Supplementary Feeding (PMT) for pregnant women with CED is a nutritional intervention that aims to increase energy and protein intake practically. Based on Ministry of Health guidelines, biscuits for pregnant women contain approximately 520 kcal per 100 grams, with each biscuit approximately 104 kcal, so in practice, approximately 2–3 biscuits are given per day (approximately 208–312 kcal/day) depending on the trimester of pregnancy. This PMT program is generally administered routinely for approximately 90 days (3 months) to improve the nutritional status of pregnant women with special economic conditions (KE). It has been proven to significantly increase maternal weight and nutritional status. In addition to being a source of energy, these biscuits are also enriched with essential fats, proteins, minerals, and vitamins to support fetal development and prevent complications from malnutrition. Therefore, regular daily consumption is key to the success of nutritional interventions for pregnant women with special economic conditions (KE) (Annisa, Lestari and Anggraini, 2025).

In Southeast Sulawesi, chronic energy deficiency syndrome (CED) in pregnant women is still being found. Based on the Southeast Sulawesi Provincial Health Profile, there were 10,031 cases (11.3%) in 2020, 2,119 cases in 2021, and 2,089 cases (3.5%) in 2022. CED can increase the risk of low birth weight (LBW), premature birth, impaired infant development and growth, and anemia in mothers, which increases the risk of complications during pregnancy and childbirth (Alyssa & Shella, 2023). Therefore, proper detection and management of CED through antenatal care is essential.

One measure in managing CED is the provision of supplementary feeding (PMT), such as biscuits for pregnant women containing protein, energy, minerals, and vitamins. Providing PMT can help increase maternal nutritional intake and support fetal growth (A. A. Putri & Salsabila, 2023). Research shows that providing sandwich biscuits for 90 days can significantly increase the weight gain of pregnant women with CED (p-value 0.000) (Nursihhah, 2022). This demonstrates that nutritional interventions need to be combined with ongoing monitoring of nutritional status and nutritional fulfillment.

Chronic energy deficiency (CED) is also still found in Central Buton Regency, characterized by a height-adjusted birth weight (LiLA) of <23.5 cm, which carries a risk of low birth weight (LBW), requiring ongoing intervention and monitoring (Banudi et al., 2024). Based on a survey conducted from December 2025 to January 2026 at the Wakambangura Community Health Center in Central Buton Regency, of the 21 pregnant women whose LiLA was measured, 5 experienced CED. This situation demonstrates the need for comprehensive midwifery care through nutritional status monitoring, nutritional fulfillment, provision of iron tablets and supplementary foods, and regular evaluations. Based on this description, the author intends to conduct a case study entitled "Antenatal Midwifery Care for Mrs. 'M' G3P2A0 with Chronic Energy Deficiency (CED) at the Wakambangura Community Health Center in Central Buton Regency in 2026."

METHOD

This study applies a descriptive method and a case study approach to describe the implementation of antenatal midwifery care for pregnant women with Chronic Energy Deficiency (CED). Care for Mrs. The "M" G3P2A0 midwifery care program was conducted in the Wakambangura Community Health Center, Central Buton Regency, from December 18, 2025, to January 18, 2026, using Varney's seven-step midwifery care management system, which includes assessment, data interpretation, identification of diagnoses or potential problems, the need for immediate action, planning, implementation, and evaluation (Winarto, 2018). The client's condition was subsequently documented using a SOAP (Social Action Plan).

Data collection techniques included observation, interviews, physical examinations, and documentation. Observations were conducted to directly observe the client's condition, and interviews were used to obtain information regarding complaints, medical history, nutritional patterns, and pregnancy progress. Physical examinations were used to obtain and (Yusra et al., 2021).

Data analysis was conducted descriptively, referring to Varney's 7 stages, combining objective and subjective data to determine the diagnosis, potential problems, immediate action needs, planning, implementation, and evaluation of care. The results of care were presented narratively and supported by SOAP progress notes. The case study adhered to research ethics through informed consent, the use

of the initials "M" to maintain anonymity, and the confidentiality of client information (Saidin & Jailani, 2023)

RESULTS & DISCUSSION

Subjective Data

The assessment of Mrs. "M" on December 18, 2025, at the Wakambangura Community Health Center in Central Buton Regency revealed that she was a 28-year-old woman of Butonese ethnicity, Muslim, with a high school education, and a housewife with an obstetrical status of G3P2A0. She stated that this was her third pregnancy and had never had a miscarriage. She complained of a decreased appetite since the first trimester and fatigue during housework, which had been present since three days before the assessment. She also complained of back pain. She stated that she still felt strong fetal movements, especially in the right side of her abdomen. She had never taken any medications without a doctor's prescription or had any allergies to food, drink, or medication during her pregnancy. She stated that her pregnancy was a desired one, that she received support from her husband and family, and that she planned to deliver at the community health center.

Before pregnancy, she ate three meals a day consisting of rice, vegetables, fish, milk, and fruit, and drank approximately seven to eight glasses of water per day. During pregnancy, her meal frequency decreased to twice a day with relatively the same types of food, while her water consumption remained at around seven to eight glasses per day. Her elimination pattern during pregnancy was uneventful, with urination three to four times a day and defecation once a day. She reported resting for about two hours during the day and seven to eight hours at night. She has no history of heart disease, hypertension, hereditary diseases, sexually transmitted infections, or surgery.

Objective Data

The results of the examination on December 18, 2025, showed the mother in good condition and *compos mentis* (composite consciousness). Her pre-pregnancy weight was 53 kg and at the time of the examination was 49 kg, her height 148 cm, her body mass index during pregnancy 22.3 kg/m², and her mid-upper arm circumference (MUAC) 22.2 cm. Vital signs showed a blood pressure of 100/80 mmHg, a pulse of 80 beats/minute, a respiratory rate of 22 breaths/minute, and a temperature of 36.5°C. A general physical examination revealed no significant abnormalities, but her conjunctivae appeared slightly pale. An abdominal examination revealed a fundal height of 24 cm, palpable buttocks, a fetal back on the left, and the head as the lowermost part of the fetus. A Leopold IV scan revealed convergence, meaning the lowermost part of the fetus had not yet entered the pelvic inlet. A strong, clear, and regular heartbeat was heard at a rate of 140 beats/minute. The estimated fetal weight, based on the measurements, was 1,872 grams. Laboratory results showed a hemoglobin level of 10.9 g/dL.

At the developmental visit on December 22, 2025, the mother's general condition was good and she was conscious. Vital signs showed a blood pressure of 120/80 mmHg, a pulse rate of 80 beats/minute, a respiratory rate of 22 breaths/minute, and a body temperature of 36.5°C. Monitoring results showed the LILA increased to 22.8 cm and the hemoglobin level increased to 11 g/dL. On December 30, 2025, the mother remained in good condition with *compos mentis* consciousness, a blood pressure of 110/80 mmHg, a pulse rate of 80 beats/minute, a respiratory rate of 22 breaths/minute, and a body temperature of 36.5°C. The LILA increased to 23.2 cm and the hemoglobin level reached 11.4 g/dL. At the last evaluation on January 18, 2026, the mother's condition was good, with *compos mentis* consciousness, blood pressure of 120/80 mmHg, pulse rate of 80 beats/minute, respiration rate of 20 breaths/minute, and temperature of 36.5°C. Her LILA had increased to 23.6 cm and her hemoglobin level was 11.3 g/dL. No signs of pregnancy complications were observed during this stage.

Assessment

Based on the initial assessment on December 18, 2025, Mrs. "M" was diagnosed with G3P2A0, 27 weeks and 2 days gestation, intrauterine, single live fetus, left dorsal presentation, cephalic presentation, and the presenting part not yet engaged in the pelvic inlet (BAP). The fetus was in good condition and the mother was experiencing Chronic Energy Deficiency (CED). The diagnosis of CED was indicated by complaints of decreased appetite and fatigue, along with a LiLA of 22.2 cm. During the potential problem identification stage, there was a risk of low birth weight (LBW) due to CED in pregnant women. No conditions requiring emergency intervention were identified, so collaboration

with the nutrition officer was conducted to implement prenatal nutrition counseling, including prenatal biscuits, and ongoing monitoring of nutritional status and pregnancy outcomes. On December 22, 2025, the diagnosis remained G3P2A0 with a gestational age of 27 weeks 6 days, a single live intrauterine fetus, left dorsal, cephalic presentation, BAP or convergent, the fetus is in good condition, and the mother has KEK. On December 30, 2025, the diagnosis was changed to G3P2A0 gestational age of 29 weeks with a good fetal condition and the mother is still under KEK monitoring. On January 18, 2026, the diagnosis was changed to G3P2A0 gestational age of 31 weeks 5 days, intrauterine, a single live fetus, left dorsal, cephalic presentation, BAP or convergent, the fetus is in good condition, and the KEK condition showed improvement based on the increase in LiLA and hemoglobin levels.

Management

Midwifery care at the initial visit on December 18, 2025, was provided based on Varney's seven-step midwifery management. After obtaining the mother's consent, a general examination and vital signs were performed, and the results were then communicated to the mother. The mother was given iron tablets and educated on the importance of adequate rest and meeting nutritional needs through a regular diet, including foods rich in protein, carbohydrates, minerals, and vitamins. The mother was also informed about danger signs during pregnancy, such as blurred vision, persistent headaches, excessive vomiting and nausea, facial and limb edema, minimal fetal movement, severe abdominal pain, fever, and vaginal bleeding. Furthermore, a nutritionist collaborated with the health worker to administer prenatal biscuits, and the mother was educated about consuming them regularly. The mother was recommended to have more regular prenatal checkups and to seek medical attention immediately if she experienced any symptoms or signs of pregnancy danger.

In a follow-up visit dated December 22, 2025, the mother reported regularly consuming the prenatal biscuits, experiencing an increased appetite, and regularly taking iron and calcium tablets. The mother still complained of fatigue when doing housework. The examination results showed an increase in the LiLA to 22.8 cm and Hb levels to 11 g/dL. The care provided included conveying the examination results, explaining the impact of KEK, recommendations for improving dietary habits by consuming foods containing protein, carbohydrates, minerals, and vitamins, and also getting enough rest. The mother was recommended to continue consuming PMT biscuits regularly, to have continuous monitoring of the LiLA and body weight, to be reminded of the danger signs of pregnancy, to continue taking iron tablets, and to have regular pregnancy check-ups.

On December 30, 2025, the mother advised her to regularly consume the PMT biscuits, calcium, and iron tablets. Her appetite had begun to improve, although she still tired easily while doing housework. The examination results showed her general condition was good, vital signs remained within normal limits, her LiLA had increased to 23.2 cm, and her Hb level had increased to 11.4 g/dL. The care provided included conveying the examination results, recommending adequate rest, increasing water consumption, continuing the consumption of iron tablets and PMT biscuits, and recommending regular antenatal care with a medical provider.

At the final evaluation on January 18, 2026, the mother stated that she was regularly consuming the PMT biscuits, iron tablets, and calcium tablets she had been prescribed. She reported that her appetite had improved significantly, although she still tired easily while doing housework. The examination results showed her general condition was good, with *compos mentis* consciousness, blood pressure of 120/80 mmHg, pulse rate of 80 beats/minute, respiration rate of 20 breaths/minute, and temperature of 36.5°C. The LiLA increased to 23.6 cm and the hemoglobin level was 11.3 g/dL, and no pregnancy-related danger signs were identified. The mother was encouraged to continue consuming PMT biscuits, iron tablets, and calcium, maintain adequate rest and eating patterns, increase water consumption, and undergo regular pregnancy check-ups. The mother understood the entire explanation and was willing to follow the health worker's recommendations. Based on the evaluation results, there was an improvement in the mother's nutritional status, as indicated by an increase in LiLA from 22.2 cm to 23.6 cm and an increase in Hb levels from 10.9 g/dL to 11.3 g/dL.

DISCUSSION

Subjective Data

The assessment of Mrs. "M," conducted on December 18, 2025, at the Wakambangura Community Health Center, identified her as a 28-year-old woman of Butonese ethnicity, Muslim, high school graduate, housewife, and obstetric status G3P2A0. She stated that this was her third pregnancy and had never had a miscarriage. She complained of decreased appetite since the first trimester and fatigue, especially during housework, since three days prior to the assessment. She also reported

experiencing lower back pain, strong fetal movements, and no history of taking any non-prescription medications or allergies to food, drinks, or medications during pregnancy.

Mrs. "M"'s complaints of fatigue and decreased appetite may be related to inadequate nutrition and energy during pregnancy. Based on her nutritional history, she ate three meals a day before pregnancy, but during pregnancy, her meal frequency decreased to twice a day (Rachman et al., 2023). This condition indicates a decrease in food intake during pregnancy, which requires attention due to the increased need for energy and nutrients. The Indonesian Ministry of Health explains that meeting the needs for protein, energy, vitamins, carbohydrates, fluids, minerals, and fiber is an important part of maintaining a mother's nutritional status during pregnancy (Sari, 2022).

Mrs. "M"'s complaint of fatigue also warrants attention, as the hemoglobin test revealed an Hb level of 10.9 g/dl. This condition indicates that in addition to nutritional issues, the mother also needs attention to her hemoglobin status. Lipoeto, Masrul, and Nindrea explain that nutritional factors are one of the crucial contributors to anemia among pregnant women in Indonesia (Putri et al., 2026). Thus, the subjective complaints found in Mrs. "M" support the presence of nutritional problems requiring intervention in the form of improved dietary habits, monitoring nutritional status, consuming iron tablets, and providing supplementary food as needed.

Based on the subjective data, it can be seen that there is a correspondence between Mrs. "M"'s complaints and the KEK condition, particularly in the form of decreased appetite and fatigue. This demonstrates that the data collection process through anamnesis was carried out systematically to obtain information regarding the mother's health condition, pregnancy history, nutritional patterns, and complaints.

Objective Data

Examination results showed Mrs. "M" was in good general condition with *compos mentis* consciousness. Vital signs were within normal limits: blood pressure 100/80 mmHg, pulse 80 beats/minute, respiration 22 breaths/minute, and temperature 36.5°C. Anthropometric examination results revealed a height of 148 cm, pre-pregnancy weight 53 kg, weight at the time of examination 49 kg, and a midline bone mass (MULA) of 22.2 cm. A physical examination revealed slightly pale conjunctivae, while an abdominal examination revealed a fetal weight of 24 cm, a single viable intrauterine fetus, left dorsal, cephalic presentation, and the presenting part not yet engaged with the pelvic inlet (BAP), with a convergent Leopold IV. A strong, clear, and regular heart rate was heard at 140 beats/minute. Laboratory tests revealed a hemoglobin level of 10.9 g/dL.

The MULA measurement of 22.2 cm is one of the objective data supporting the diagnosis of CED in Mrs. "M." This value is below the 23.5 cm threshold, the screening threshold for CED risk for pregnant women. The MULA measurement is used as a simple method to identify chronic energy deficiency because it reflects the mother's energy reserves. In Mrs. "M's case, the MULA result was below the normal limit, as was the mother's complaints of fatigue and lack of appetite, thus confirming the diagnosis of CED. (Harna et al., 2024)

A hemoglobin test result of 10.9 g/dL also indicates that the mother's hemoglobin level requires attention. This condition may be related to the mother's complaints of fatigue. According to the Indonesian Ministry of Health, pregnant women require a high iron intake during pregnancy, so it is recommended to take iron supplements to prevent and address iron deficiency (Rahmawati & Ratulohain, 2022)

An obstetric examination revealed a single, viable intrauterine fetus in a cephalic presentation, with the left dorsal presentation, and the presenting part not yet engaged in the fetal heart rate (PAP). A heart rate of 140 beats/minute was within the normal range, indicating the fetus was in good condition at the time of the examination. Fetal movements were also still felt strongly by the mother. Therefore, although the mother had KEK, no signs of fetal well-being were found during the assessment (Harnanik Nawangsari et al., 2022).

Based on the examination results, a concordance between theory and practice was found. A mother with a fetal head circumference (LILA) <23.5 cm, accompanied by complaints of fatigue and decreased appetite, indicates a risk or condition of CED. Therefore, the objective examination results for Mrs. "M" support the established diagnosis.

Assessment

Based on subjective and objective data, Mrs. "M" was diagnosed as G3P2A0, 27 weeks 2 days gestation, intrauterine, single live fetus, left dorsal, cephalic presentation, BAP or convergent, fetus in good condition, and mother with Chronic Energy Deficiency. This diagnosis was established based on pregnancy history, LMP dated June 10, 2025, Leopold's examination results, FHR, fetal movement, and the LILA measurement of 22.2 cm (Prajā & Karyus, 2020).

Chronic Energy Deficiency Syndrome (CED) in pregnant women can put children at higher risk of stunting because inadequate nutrient and energy intake during pregnancy can result in stunted fetal development and growth. This condition can result in low birth weight or growth disorders, which then increase the risk of stunting in infancy. Therefore, fulfilling maternal nutrition during pregnancy and preventing CED are crucial measures to prevent stunting during the first 1,000 days of life (Justin et al., 2025)

The diagnosis of CED in Mrs. "M" was confirmed by the results of the MULA measurement below 23.5 cm. This condition was confirmed by complaints of fatigue, decreased appetite, and decreased eating frequency during pregnancy. The MULA measurement is a screening method used to identify pregnant women at risk of CED (Iskandar et al., 2022).

Management

The midwifery care provided to Mrs. "M" was comprehensive, taking into account the condition of the KEK (Emergency Health Condition) and the risks it poses to both the mother and the fetus. This care included a general examination and vital signs, weight and MUAC measurements, an obstetric examination, fetal development monitoring, iron tablet administration, education on a balanced, nutritious diet, adequate rest, education on pregnancy danger signs, provision of a Supplementary Food Program (PMT) in the form of prenatal biscuits in collaboration with a nutritionist, and recommendations for regular prenatal check-ups.

During the first visit to the Community Health Center, a general examination, obstetric examination, vital signs, MUAC measurement, iron tablet administration, education on a nutritious diet and adequate rest, and the provision of prenatal biscuits in collaboration with a nutritionist were provided. This care was provided to improve the mother's nutritional status and prevent complications from KEK.

The results of Mrs. "M"'s care align with research by Jusmiyati, Anita, and Wa Ode Nurul Mutia (2024) who provided antenatal midwifery care to Mrs. "A" with KEK at Sorawolio Community Health Center. The study showed that the diagnosis of KEK was established by referring to the measurement of the LiLA of 22.3 cm and care was carried out using Varney's 7-step management with SOAP documentation. Management included monitoring the mother's condition, examining nutritional status, providing education and antenatal care according to midwifery standards. This is consistent with the care of Mrs. "M" who also experienced KEK based on the LiLA of 22.2 cm and received nutritional status monitoring, nutritional education, the provision of iron tablets, and PMT in the form of biscuits for pregnant women. This consistency shows that the implementation of systematic midwifery care management can support the management of pregnant women with KEK through early detection, monitoring nutritional status, education, and ongoing nutritional intervention (Nurul Mutia et al., 2024).

Iron tablets are administered to help meet iron requirements during pregnancy. In addition to the iron tablets, mothers are educated about the importance of consuming foods with a balanced content of protein, carbohydrates, vitamins, fats, and minerals. This education is crucial because the assessment revealed that the mother's meal frequency decreased during pregnancy.

Mrs. "M"'s chronic energy deficiency (CED) condition was also accompanied by hemoglobin levels that required attention, making nutritional fulfillment and anemia prevention a crucial part of antenatal care. Ernawati et al. (2026) demonstrated that nutrition education and the use of food sources rich in vitamin C can increase pregnant women's understanding of the dangers of anemia and support efforts to increase hemoglobin levels as a complement to taking iron tablets. In this activity, a combination of red guava and orange was used as a nutrient source because they contain vitamin C, which can support meeting the nutritional needs of pregnant women. This aligns with Mrs. "M"'s care, which included iron tablets and education on nutritional fulfillment and a nutritious diet during pregnancy. Therefore, providing nutrition education and iron tablets to Mrs. "M" is an important part

of efforts to improve her nutritional status and hemoglobin levels during pregnancy (Ernawati et al., 2026).

During the second visit to the patient's home, the mother was educated about KEK, its impact on the mother and fetus, the importance of consuming nutritious food, and was advised to continue taking the PMT and iron tablets regularly. According to Harismayanti and Syukur (2021), education on meeting nutritional needs and monitoring the mother's condition is a crucial part of managing pregnant women with nutritional problems (Harismayanti & Syukur, 2021).

In addition to education, regular weight and MUAC (Mucosal Intake) monitoring is conducted to assess the mother's nutritional status. This monitoring is necessary because changes in MUAC can be used as an indicator of the mother's energy reserves and nutritional status.

Collaboration with nutritionists is carried out in the provision of prenatal nutrition supplements (PMT), such as biscuits for pregnant women. According to Setiyowati et al. (2019), providing prenatal nutrition supplements (PMT) such as biscuits can help increase the intake of protein, energy, minerals, and vitamins for pregnant women with CED (Harnanik Nawangsari et al., 2022).

Setiyowati & Ulvie (2019) stated that providing PMT can help gradually improve the nutritional status of pregnant women with special needs (KE). Therefore, providing PMT to Mrs. "M" is an appropriate effort to help increase energy and nutrient intake during pregnancy (Setiyowati & Ulvie, 2019).

Successful management of chronic energy deficiency syndrome (CED) also requires collaboration between midwives and nutritionists. According to Khoirina et al. (2025), collaboration between health workers in providing education, supplementary feeding, and ongoing nutritional status monitoring can support the successful management of CED in pregnant women (Khoirina et al., 2025).

CONCLUSION

Midwifery care for Mrs. "M" G3P2A0, 27 weeks and 2 days pregnant with Chronic Energy Deficiency (CED), was implemented comprehensively and systematically using Varney's 7-Step approach, starting from baseline data collection, identification of the diagnosis and actual problems, identification of potential problems, identification of the need for immediate or collaborative intervention, care planning, implementation, and evaluation. Based on the assessment results, complaints of fatigue, decreased appetite, and back pain were found. The mother's general condition was weak, her face appeared pale, her hemoglobin level was 10.9 g/dl, and her MUAC was 22.2 cm, indicating CED. Based on these data, Mrs. "M" G3P2A0 was diagnosed with CED at 27 weeks and 2 days gestation, with a potential risk of Low Birth Weight (LBW), which was confirmed by the estimated fetal weight of 1,872 grams. No emergencies requiring immediate action were found, but collaboration with nutrition officers was carried out in providing a Supplementary Food Program (PMT) in the form of biscuits for pregnant women. The care provided included monitoring the condition of the mother and fetus, checking body weight and LILA, obstetric examinations, administering Fe tablets, education on a balanced nutritious diet, adequate rest, pregnancy danger signs, PMT consumption, and recommendations for regular pregnancy check-ups. Implementation was carried out at the Community Health Center and through home visits according to the mother's needs. The evaluation results showed a gradual increase in LILA from 22.2 cm on December 18, 2025 to 22.3 cm on December 22, 2025, 23.2 cm on December 30, 2025, and reached 23.6 cm on January 18, 2026, thus reaching the normal limit. Thus, the objective of the case study has been achieved, the midwifery care provided was able to help improve the nutritional status of Mrs. "M", and no significant gaps were identified between theory and practice in the implementation of midwifery care for pregnant women with CED. The care provided has also been documented as a form of accountability for midwifery services.

The limitations of this case study include the relatively limited implementation and monitoring time, and the study was conducted on only one pregnant woman with CED. Therefore, the results of the improvement in nutritional status obtained cannot be generalized to all pregnant women with the same condition. Furthermore, improvements in MUAC are not solely affected by the provision of PMT (Food and Nutritional Supplements), but can also be influenced by dietary patterns, maternal compliance with PMT and iron tablets, health conditions, and other factors. Therefore, the success of care needs to be considered comprehensively.

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