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Comprehensive Midwifery Care for Mrs. S G3P2A0 at Cipeundeuy Public Health Center, West Bandung Regency

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ABSTRACT

Frequent urination is one of the common discomforts experienced by pregnant women in the third trimester and can affect sleep quality as well as daily activities. The World Health Organization (WHO) reports that approximately 50% of third-trimester pregnant women experience an increased frequency of urination. Data from the Indonesian Ministry of Health in 2022 show a prevalence of 72%. At the Cipeundeuy Public Health Center, West Bandung Regency, an increase in complaints of frequent urination among third-trimester pregnant women was also observed. One non-pharmacological intervention that can be applied to address this complaint is prenatal exercise, which aims to strengthen the pelvic floor muscles and improve bladder control. This study aimed to describe comprehensive midwifery care for Mrs. S (G3P2A0) with complaints of frequent urination at the Cipeundeuy Public Health Center, West Bandung Regency. The study employed a descriptive case study design. The main intervention was video-based prenatal exercise performed regularly for 30 minutes per session. Data were collected through observation and the mother's subjective reports before and after the intervention. The results showed a decrease in the frequency of urination from a high category to a normal category. The mother also reported improvements in sleep quality and increased comfort in carrying out daily activities. In conclusion, video-based prenatal exercise has the potential to help reduce complaints of frequent urination in third-trimester pregnant women. However, as this study was a single case study, the results cannot be generalized, and further research with a larger sample size is required.

Keywords: comprehensive midwifery care, prenatal exercise, third trimester discomfort, educational video, urination frequency

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INTRODUCTION

Pregnancy is a physiological process that requires careful management, especially in the third trimester, as pregnant women experience various changes that may cause discomfort, such as muscle pain, sleep disturbances, and frequent urination. Increased urinary frequency in the third trimester is caused by hormonal changes and fetal pressure on the bladder, which can lead to decreased sleep quality, impaired reproductive organ hygiene, and an increased risk of urinary tract infections (World Health Organization, 2022). It has been reported that approximately 50% of third-trimester pregnant women experience this complaint, while data from the Indonesian Ministry of Health in 2022 show a prevalence of 72%. At the Cipeundeuy Public Health Center, an increase in complaints of frequent urination among third-trimester pregnant women was also identified, indicating the need for effective interventions (Nifa Aulia Rifayani, 2023). One recommended non-pharmacological intervention is prenatal exercise, which has been proven to reduce the frequency of urination by strengthening pelvic floor muscles and providing relaxation effects (Putri & Tahun, 2024).

In addition to care during pregnancy, comprehensive midwifery services also include care during labor, the postpartum period, newborn care, and family planning. During labor, deep breathing relaxation techniques are needed to help reduce pain and anxiety caused by uterine contractions and cervical dilation by stimulating the production of endorphins as natural analgesics (Diana Ulfa, 2024). In the postpartum period, care is focused on educating mothers about proper breastfeeding techniques to prevent nipple trauma and support optimal breast milk production, in which maternal knowledge of correct positioning and latch plays an important role in breastfeeding success (Rindasari Munir, 2023). After the postpartum period, mothers are provided with education on postpartum family planning using contraceptive methods that do not affect breast milk production, such as intrauterine devices (IUDs), three-month injectable contraception, progestin-only pills (lactation pills), the lactational amenorrhea method (LAM), the calendar method, and condoms, adjusted to the mother's condition and needs.

METHODS

This study employed an observational case study design involving Mrs. S (G3P2A0) at a gestational age of 34 weeks and 5 days who visited the Cipeundeuy Public Health Center, West Bandung Regency, with complaints of frequent urination in the third trimester. The intervention provided was video-based prenatal exercise, performed regularly 1–3 times per week with a duration of approximately 30 minutes per session during the period from November 25 to December 12, 2024. In addition to the main intervention, comprehensive midwifery care also included education on deep breathing relaxation techniques during labor, training on proper breastfeeding techniques during the postpartum period, and postpartum family planning counseling. Evaluation was conducted through observation of changes in urination frequency, improvements in maternal comfort, and maternal adherence to independently performing prenatal exercise according to the provided guidelines. This study was conducted after obtaining informed consent from the respondent. The respondent received an explanation regarding the objectives, procedures, and benefits of the study and voluntarily agreed to participate. Research ethics principles, including anonymity and data confidentiality, were maintained throughout the study. Ethical approval for this study was obtained from the Ethics Committee of STIKes Budi Luhur Cimahi.

RESULTS

Table 1. Measurement Results of Urination Frequency Before and After the Intervention

Measurement	Daytime urination frequency	Nighttime urination frequency	Category
Before	7-8	5-6	**High**
After	4-5	3-4	**Normal**

Based on Table 1, prior to the intervention, Mrs. S (G3P2A0) at a gestational age of 34 weeks and 5 days experienced a high frequency of urination, namely 7–8 times during the daytime and 5–6 times at night. This condition was categorized as a high micturition frequency and resulted in disturbed nighttime rest as well as reduced maternal comfort in carrying out daily activities.

The intervention provided was prenatal exercise performed regularly for two weeks, from November 25 to December 12, 2024, with a frequency of 1–3 times per week and a duration of approximately 30 minutes per session using an educational video guide. The exercise program included pelvic floor muscle strengthening exercises, deep breathing techniques, and stretching movements aimed at improving comfort in third-trimester pregnant women.

The evaluation results after the intervention showed a decrease in urination frequency. During the daytime, the frequency decreased to 4–5 times, while nighttime urination decreased to 3–4 times, which were categorized as normal. In addition, the mother reported reduced nighttime sleep disturbances, improved sleep quality, and increased comfort when performing daily activities.

An increase in maternal self-confidence was also identified based on subjective reports, in which the mother stated that she felt calmer, more comfortable, and better able to cope with her pregnancy after independently performing prenatal exercise using the video guidance.

DISCUSSION

The results of this study indicate that prenatal exercise intervention had a significant impact on reducing the frequency of urination in Mrs. S during the third trimester of pregnancy. Prior to the intervention, Mrs. S experienced an increased frequency of micturition that interfered with daily activities and rest, particularly at night. After participating in a two-week prenatal exercise program guided by video, the frequency of urination decreased to within the normal range.

These findings are consistent with the study by Mihimah and Safe'i as cited in Firdayani (2022), which reported that prenatal exercise performed regularly 1–3 times per week for 30 minutes can help reduce pressure on the bladder, thereby decreasing micturition intensity. This reduction in pressure is attributed to the strengthening of pelvic floor muscles and increased elasticity of supporting tissues, which play a role in supporting the uterine load during pregnancy (Mihimah & Safe'i, 2024).

Research by Oktiara (2023) also supports these results, demonstrating that prenatal exercise effectively reduced nighttime urination frequency from more than five times to only one to two times per night. In addition to alleviating urinary complaints, prenatal exercise also provides psychological relaxation effects that are important for improving sleep quality and reducing maternal anxiety (Oktiara, 2023).

The use of educational video media in implementing prenatal exercise offers additional advantages, including improved visual and auditory understanding of movements, allowing

mothers to perform the exercises independently and correctly. This approach enhances maternal motivation and autonomy in managing pregnancy-related discomforts (Ramadhani, 2023).

Therefore, prenatal exercise can be categorized as an effective non-pharmacological intervention that is feasible for widespread application in midwifery practice, particularly in addressing complaints of frequent urination during the third trimester of pregnancy (Marganingsih et al., 2023).

In addition to the success of the intervention during pregnancy, continuous care during labor, the postpartum period, newborn care, and family planning also constitutes an essential component of comprehensive midwifery services. Deep breathing relaxation techniques taught during pregnancy have been shown to help mothers cope with labor pain in a calmer and more controlled manner (Ulfah et al., 2024). During the postpartum period, education on proper breastfeeding techniques assists mothers in preventing lactation problems such as nipple trauma and breast engorgement (Fauziah, 2024). The provision of simple infant massage further strengthens mother–infant bonding and stimulates infant motor development (Susanti, 2023). Education on postpartum contraceptive methods, such as intrauterine devices (IUDs) or three-month injectable contraception, is provided by considering the mother's condition and the continuation of breastfeeding. All of these components of care form an integral part of a holistic approach to maternal and child health (Rahmidini & Hartiningrum, 2022).

The strength of this study lies in its comprehensive and continuous midwifery care approach, encompassing pregnancy, labor, the postpartum period, newborn care, and family planning, thereby providing an in-depth clinical perspective that is highly relevant to midwifery practice. The use of educational video media is also a notable strength, as it enhances maternal independence in consistently performing the intervention.

However, this study has several limitations. First, the single case study design limits the generalizability of the findings. In addition, some outcomes, such as sleep quality and maternal self-confidence, remain subjective, as they were obtained through maternal reports and clinical observation without the use of standardized measurement instruments. Therefore, future studies are recommended to involve a larger sample size and utilize objective measurement tools to strengthen the validity of the findings.

CONCLUSION

Based on the results of comprehensive midwifery care provided to Mrs. S (G3P2A0) at the Cipeundeuy Public Health Center, video-based prenatal exercise performed during the third trimester with a frequency of 1–3 times per week for approximately 30 minutes was proven to reduce the frequency of urination from a high category to a normal range, namely from 7–8 times to 4–5 times during the daytime and from 5–6 times to 3–4 times at night. This reduction in micturition frequency contributed to decreased nighttime sleep disturbances and improved maternal comfort in performing daily activities. In addition, continuous midwifery care, including the provision of deep breathing relaxation techniques, education on proper breastfeeding, infant massage, and family planning counseling, provided additional benefits in helping mothers manage labor pain, prevent lactation problems, improve infant comfort, and support the selection of appropriate and safe postpartum contraceptive methods for breastfeeding mothers.

RECOMMENDATIONS

Based on the findings of this study, it is recommended that prenatal exercise be incorporated into routine educational programs for pregnant women, particularly during the third trimester. The implementation of prenatal exercise should be supported by healthcare providers through the provision of easily understandable and independently accessible video guidelines. In

addition, midwives should provide motivation and conduct regular evaluations to ensure that mothers perform the exercises consistently and in accordance with proper procedures.

Further research is recommended by involving a larger sample size and a longer intervention duration to observe the long-term effects of prenatal exercise on pregnancy comfort and the labor process. The development of locally and culturally based video materials may also serve as an innovation to enhance maternal participation in this program on a sustained basis.

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