



Midwifery Care for Pregnant Women Mrs. M G: I P:o A:o With Emesis Gravidarum Using Ginger Aromatherapy in Independent Practice Bd Elfi syahri Sirait S.Tr. Keb Kec Sei Kepayang Kab.Asahan

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ABSTRACT

Pregnancy changes the body, both physically and mentally. This results in complaints such as nausea, vomiting / emesis gravidarum. Emesis is a normal or common symptom during the first trimester of pregnancy. This sometimes occurs in the morning, but can also occur during the day or night. Complementary therapy to overcome complaints of emesis gravidarum with ginger aromatherapy. This study aims to determine the effect of Ginger Aromatherapy on Reducing Emesis Gravidarum in Pregnant Women in the First Trimester with midwifery care using the 7-step Varney approach. This study uses an Experimental method with 7 Varney steps where data assessment, data interpretation, potential diagnosis, needs and immediate action, planning and implementation. The study population was all primigravida in the first trimester of Primigravida in the Bd Elfi Syahri Sirait clinic area, Sei Kepayang district. The sample in this study showed that there was a significant effect of giving ginger aromatherapy on Reducing Emesis Gravidarum in Pregnant Women in Trimester I. Ginger aromatherapy has the ability to control nausea and vomiting in the body and helps relax various systems in the body. Ginger aromatherapy can be an alternative to overcome emesis gravidarum in pregnant women in the first trimester.

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1. INTRODUCTION

Pregnancy is an event that begins with fertilization, namely the meeting of a woman's egg/ovum with a man's germ cell/sperm, then cell division (zygote) occurs, and nidation/implantation of the zygote occurs on the wall of the reproductive tract (endometrium), then the zygote-embryo fetus becomes a new individual (herdawati 2020).

Pregnancy changes the body, both physically and mentally (Guszkowska et al., 2015). This results in many complaints, such as nausea and vomiting. Nausea accompanied by vomiting, also known as emesis gravidarum (Fejzo et al., 2019). Emesis is a normal or common symptom during the first trimester of pregnancy (Fairweather, 1968). This sometimes occurs in the morning, but can also occur during the day or at night. Due to hormonal changes that occur during pregnancy, pregnant women aged 0-12 weeks often experience symptoms of nausea and vomiting (Fitria, 2019).

The Human Chronic Gonadotropin hormone produces more estrogen and progesterone hormones during pregnancy, which causes hormonal changes in the mother. suspected to be emesis gravidarum (Retni Darmansyah (2022).

Nausea and vomiting during pregnancy (NVP), sometimes referred to as "morning sickness," is a common problem faced by women during pregnancy (Badell et al., 2006). Vomiting and nausea worsen during the eleventh week and disappear by the fourteenth week (Gadsby et al., 1993). (Yuliani, et al., 2021) said that hyperemesis gravidarum can be caused by nausea and vomiting that lasts or comes and goes during the first trimester.

If nausea and vomiting are not treated properly, it can cause loss of appetite, changes in electrolyte balance, especially those related to potassium, calcium, and sodium, causing changes in metabolism in the body and a decrease in body mass of about 5%, as a result of the use of carbohydrate, protein, and fat reserves as energy sources. Pregnant women are advised to maintain a healthy diet, because it is very important for the well-being of the mother and fetus. However, pregnant women who are experiencing nausea and then excessive vomiting usually do not meet their nutritional needs, thus inhibiting their ability to get the nutrients they need. potential consequences of persistent nausea and vomiting If not treated properly, it can develop into Hyperemesis gravidarum. (Dyana & Febriani, 2020).

Hyperemesis gravidarum affects both the mother and her baby (Meighan & Wood, 2005). Such as abortion, babies born with low birth weight (LBW), babies born too early, and babies born with defects (Singh et al., 2009). Also, pregnant women with hyperemesis gravidarum are more likely to experience intrauterine growth retardation (IUGR). If a mother with hyperemesis gravidarum is left alone, the nutritional needs that are good and needed by pregnant women certainly cannot be met (Lowe et al., n.d.). If pregnant women do not get the nutrition they need, it can interfere with their health and make it difficult for them to do things. (Susanti et al., 2019).

According to the World Health Organization (WHO), the number of emesis gravidarum in pregnant women reaches 12.5% of all pregnancies in the world (WHO 2019) (Prama & Ramadhani, 2022). The incidence of emesis gravidarum that occurred in the world (ASEAN) in 2019 was very diverse in Indonesia 1.9%, 10.8% in China 2.2%, in Pakistan 1 - 3%, in Turkey 0.9%, in Norway 0.8%, in Canada 0.5%, and America 2% (WHO, 2019)

From data from the Ministry of Health in 2023, it was recorded that around 50-70% experienced the prevalence of emesis gravidarum from the total pregnancies (Nurmi, 2022). This figure is quite high, but still within the normal range for pregnancy conditions. Based on data in the province of North Sumatra in 2023, the number of pregnant women was 306,185, who underwent pregnancy check-ups K1 as many as 268,867 The incidence of hyperemesis gravidarum cases is 0.8% to 3.2% of all pregnancies or around 8 to 32 cases per 1000 pregnancies.

Asahan Regency is one of the areas with a fairly large number of pregnancies ranging from 14,879, but there are pregnant women who experience emesis gravidarum ranging from 53% based on data from the Asahan PPDB in 2022.

From the independent practice of BD, Elfi Syahri Sirait S, TR, Keb Kec Sei Kepayang in 2022 there were 89 pregnant women in the first trimester, and those who experienced emesis gravidarum were 22.4% from the data obtained.

Management of emesis gravidarum can be done pharmacologically or non-pharmacologically (Doloksaribu, 2023). One of the non-drug or pharmacological therapies can be in the form of providing mental (emotional) support, regulating diet patterns, acupuncture, or aromatherapy (Mohiuddin, 2019). Ginger aromatherapy is the most common and is considered safe to use to reduce nausea or vomiting (Wirda et al., 2020). Ginger aromatherapy is the most effective aromatherapy for pregnant women who are experiencing nausea and vomiting. Compared to other plant aromatherapy, ginger also has many benefits for pregnant women who are sick and vomiting (Ali & Gilani, 2007). Ginger (*Zingiber Officinale*) has between 1% and 4% essential oil, and the oleoresin level of gingerol in ginger essential oil has been shown to stop vomiting by blocking serotonin in the gastrointestinal tract. This serotonin compound makes the stomach muscles tighten, so that when

blocked, the muscles of the digestive system become soft and weak and make nausea significantly reduced (Retni and Darmansyah, 2023). In line with the research of Citrawati and Arwidiana (2022) showed that ginger aromatherapy has an effect on emesis gravidarum in pregnant women in the first trimester. Ginger aromatherapy is efficacious in relieving symptoms of nausea and vomiting in pregnant women who experience morning sickness (Dyna and Febriani, 2020).

Based on data from (PMB) Bd. Elfi Syahri Sirait, S.TR. Keb Kec. Sei Kepayang Kab. Asahan in 2024, the number of pregnant women with visits I in January - July 2024 was 36 pregnant women with (22%) experiencing emesis gravidarum.

From the existing literature, it can be stated that emesis gravidarum that is not given the right treatment will continue to become hyperemesis gravidarum so that it has an impact on the welfare of the mother and fetus (Fejzo et al., 2019). Therefore, the researcher is interested in conducting research on Midwifery Care for Pregnant Women Mrs. M G: I P: o A: o with Emesis Gravidarum using Ginger Aromatherapy in Independent Practice Bd. Elfi Syahri Sirait, S.TR. Keb. Sei Kepayang District. Asahan Regency in 2024.

Based on the background of the problem above, the formulation of the problem is how is the management of Midwifery Care for Pregnant Women Mrs. M G: I P: o A: o with emesis Gravidarum using Ginger Aromatherapy in Independent Practice Bd. Elfi Syahri Sirait, S.TR. Keb Kec. Sei Kepayang Kab. Asahan in 2024 using the 7-step Varney management approach? The scope of this scientific paper begins with a theoretical presentation of "emesis gravidarum in pregnancy with the administration of ginger aromatherapy, the presentation of midwifery care is carried out using the observation method, direct interviews and documentation studies which include case reviews, namely: data assessment, identification of immediate needs and collaboration, planning midwifery care, implementation of midwifery care for pregnant women is carried out at Independent Practice Bd. Elfi Syahri Sirait, S.TR. Keb Kec. Sei Kepayang Kab. Asahan 2024 using the normal pregnant women assessment format applied to this case study obstetric problem.

2. RESEARCH METHOD

Midwifery Management is a problem-solving process used as a method to organize thoughts and actions based on scientific theory, discoveries, skills in a logical sequence or stages for client-focused decision making (Asrinah, 2020).

Step I: Data Assessment

- Date: The current examination date is useful for determining the schedule for when the mother should make a return visit
- Time: To find out the examination time
- Place: To find out the place of examination
- By: To find out who performed the examination

Step II: Identification of Diagnosis and Problems

- Diagnosis: G_ P_ Ab _ Uk ... Weeks + days, Single / Double, Alive / Dead, Intrauterine / Extrauterine, the condition of the mother and fetus is good with a normal pregnancy.
- Subjective: The mother said this was her pregnancy ... Gestational age ... HPHT ...
- Objective: Consciousness: Compos Mentis / lethargic / coma
- BP: 90 / 60-120 / 80 mmHg
- Pulse: 60-96x / minute.
- RR: 12-20x/minute
- Temperature: 36.5-37.5°C
- TB: ... cm
- Pregnant BB: ... kg
- TP: ...
- LILA: ... cm
- Leopold I: ...

- Leopold II: ...
- Leopold III: ...
- Leopold IV: ...

Step III: Identify Potential Diagnoses and Problems

What potential problems or diagnoses might occur. Identify the diagnosis taken and supported by subjective data

IV: Identify Immediate Needs

Conduct consultation and collaboration with other health workers based on the condition of the pregnant woman (Muslihatun, 2020).

Step V: planning

- Diagnosis: G_ P_ _ _ _ Ab _ _ _ _ Uk ... Weeks, single, alive, letkep, intrauterine, the condition of the mother and fetus is good with a normal pregnancy.
- Goal: The mother and fetus are in good condition, the pregnancy and delivery are normal without complications.
- Outcome Criteria: Good maternal and fetal condition
- Consciousness: good
- BP: 90/60-120/80 mmHg
- Pulse: 80-90x/minute
- RR: 16-24x/minute
- Temperature: 36.5-37.5
- LILA: normally >23.5 cm
- TFU: According to pregnancy
- FHR: 120-160x/minute
- Planning interventions:
 - Provide information to the mother about the condition of the mother and fetus Rationale: The mother can understand the results of the examination of the condition of the mother and fetus.
 - Provide counseling about discomfort due to physiological changes in the third trimester
 - Rationale: Explain about discomfort in the third trimester such as back pain, constipation, sleep disturbances, frequent urination, fatigue, swollen feet. It is expected that the mother understands the explanation about discomfort in the third trimester of pregnancy.
 - Advise the mother to eat a balanced nutritious diet
 - Rationale: Balanced nutritious food is a source of carbohydrates, protein, fat, vitamins and minerals which are substances that are useful for growth and support the mother's health.
 - Advise the mother to get enough rest
 - Rationale: Get enough rest with a nap of ±2 hours and a night's rest of 8-10 hours
 - Provide counseling to the mother and family about preparing for childbirth.
 - Rationale: Preparation for childbirth includes baby clothes, mother's clothes, a vehicle that can be used at any time, and money
 - Explain to the mother about the danger signs of pregnancy in the third trimester
 - Rationale: Explain to the mother about the danger signs of pregnancy in the third trimester such as severe headaches, blurred vision, swelling of the face, fingers and hands, fetal movement is not felt, vaginal discharge, and severe abdominal pain.
 - Tell the mother the next check-up schedule and advise the mother to have regular pregnancy check-ups.
- Rationale: As an effort to detect abnormalities that occur in pregnant women.

Step VI: Implementation or execution

In this step, the midwife directs or implements the care plan effectively and safely, has the responsibility to direct its implementation. If it is necessary to collaborate with a doctor, for example

because of complications. Efficient management is related to time, cost and improving the quality of care. Review whether all plans have been implemented (Muslihatun, 2019).

Step VII: Evaluation

- The mother said she understood the results of the examination.
- An examination of vital signs (pulse, temperature, respiration, and blood pressure) has been carried out, TFU according to gestational age.
- Write down any interventions that were not implemented in care

3. RESULTS AND DISCUSSIONS

I. Data Collection

A. Identity / Bio Data

Wife's Name	: Mrs. M	Name	: Mr. D
Age	: 24 years old	Age	: 26 Years
Tribe/Nationality	: Batak /Indonesia	Tribe/Nationality	: Batak /Indonesia
Religion	: Islam	Religion	: Islam
Education	: SENIOR HIGH SCHOOL	Education	: Vocational School
Work	: Housewife	Work	: Self-employed
Address	: hamlet 2 defense	Address	: hamlet 2 defense

B. Anamnesis

On Date: 20-7-2024	Time: 09:00 WIB
1. Reason for this visit	: want to check her pregnancy
2. Complaints	: There is
If there is, please explain	: Mother said she had been complaining of nausea and vomiting since 2 days ago in the morning, with a frequency of 4-5 times/day in the form of fluids, decreased appetite and fatigue.
3. Menstrual History	
◆ First menstruation	: 13 years old
◆ Cycle	: 28 days
◆ Duration: 7 days	
◆ The amount	: 3 x replace the doek
◆ Regular/irregular	: regular
◆ Blood Properties	: Thin
◆ Dysmenorrhea	: There isn't any

II. History of this Pregnancy, Previous Delivery: G: IP: o A: o

No	Date of Birth Age	Gestational Age	Types of Childbirth	Place of Delivery	Complications		Helper	Baby Condition	Postpartum	
					Mother	Baby		PB/BB/JK	Condition	Lactase
1	H	A	M	I	L		I	N	I	

III. Pregnancy History

- ◆ HPHT : 6-5-2024
- ◆ Date of Birth Interpretation : 2-13-2025
- ◆ Complaints on

Trimester I : mother said she felt nauseous and vomited in the morning
 Trimester II : -
 Trimester III : -

First movement of the baby: the mother said she had not felt any fetal movement.

◆ Complaints felt (if any, explain)

- Feeling Tired : There is
- Nausea and vomiting : There is
- Stomach ache : There isn't any
- Hot, shivering : There isn't any
- Severe headache : There isn't any
- Blurred vision : There isn't any
- Pain/Burning sensation when urinating: There isn't any
- Itching in the vulva, vagina and surrounding areas: None
- Vaginal discharge : There isn't any
- Pain, redness, tension in the legs : There isn't any
- Edema : There isn't any
- special concerns: anxiety about her pregnancy

◆ Food Pattern

Before Pregnancy: Mother said she ate 3x a day, moderate portions of rice, vegetables, tofu, eggs, drink water approximately 8 glasses / day After pregnancy: mother said that since 2 days ago her appetite has decreased and feel lazy to eat and drink irregularly, eat 2x a day in small portions, types of rice, vegetables, tempeh, nuts, meat, drink 4-5 glasses/day plus one glass of milk/day, every time you vomit you get fluids

◆ Elimination Pattern

CHAPTER

- Before pregnancy : 1 x daily
- After pregnancy : 1 x daily

BAK

- Before pregnancy : 5 x a day
- After pregnancy : 7 x a day

◆ Daily activities

Rest and nap patterns : Evening : 21.00 until 05.00 WIB
 Complaint : • There is • There isn't any
 Afternoon : 13.00 until 15.00 WIB
 Complaint : There isn't any

Work

: cleaning house

● Sexuality

- Frequency : 2 x a week
- Complaint : There isn't any

◆ Immunization: TT1 Date

: There isn't any TT2 :Nothing

◆ Contraceptives ever used

: There isn't any

IV. History of systemic diseases suffered

- ◆ Heart : There isn't any
- ◆ Kidney : There isn't any
- ◆ Asthma/pulmonary tuberculosis : There isn't any

◆ Hepatitis	: There isn't any
◆ DM	: There isn't any
◆ Hypertension	: There isn't any
◆ Epilepsy	: There isn't any
◆ Etc	: There isn't any
V. Family Medical History	
◆ Heart	: There isn't any
◆ Hypertension	: There isn't any
◆ DM	: There isn't any
◆ Etc	: There isn't any
VI. Social History	
Marriage	
◆ Marriage I	: 2022
◆ Duration	: 2 years Child: -
◆ Marriage II	: -
maternal response to pregnancy	: Planned
Feelings about this pregnancy	: Very happy
C. Physical Examination (Objective Data)	
1. Emotional Status	: worried
2. Vital signs	
▪ Blood pressure	: 110/70 mmHg
▪ Pulse (HR)	: 82 x/i
▪ RR	: 22 x/i
▪ Body Temperature	: 36.5°C
▪ BB	: 51 Kg
▪ BB before pregnancy	: 52 Kg
▪ TB	: 156 cm
▪ LILA: 26 cm	
3. Head	
▪ Cleanliness	: Clean
▪ Hair loss	: There isn't any
4. Face	
▪ Chloasma Gravidarum: None	
▪ Edema	: There isn't any
5. Eye	
▪ Form	: Symmetrical
▪ Conjunctiva	: pink
▪ Sclera	: No Jaundice
▪ Edema	: There isn't any
6. Nose	
▪ Cleanliness	: Clean
▪ Polyp	: There isn't any
7. Mouth	
▪ Lip Shape	: Symmetrical
▪ Cleanliness	: Clean
▪ Caries	: There isn't any
▪ Stomatitis	: There isn't any
▪ Integrity of teeth	: Intact
▪ Tooth cavity	: There isn't any
▪ Swollen tonsils	: There isn't any

- 8. Ear
 - Form : Symmetrical
 - Serum : There isn't any
- 9. Neck
 - Thyroid Gland Enlargement: None
 - Lymphatic Vessel Enlargement : There isn't any
- 10. Axilla
 - Enlarged Lymph Nodes : There isn't any
- 11. Chest
 - Mammae shape : Symmetrical
 - Enlargement : Symmetrical
 - Stripe : There is
 - Milk Nipple : Stand out
 - Areola
 - Hyperpigmentation : There is
 - Lump : There isn't any
- 12. Abdomen
 - Enlargement : Symmetrical
 - Stripe
 - Lipids : There isn't any
 - Albican : There isn't any
 - Line
 - Black : There isn't any
 - Alba : There is
 - Form : Symmetrical
 - Surgical Scars : There isn't any

Midwifery Examination

fetal movement: fetal movement has not been felt

Leopold L: The consistency of the uterus is hard, tense and palpable.

balloting

- leopold II: Not done
- leopold III: Not done
- leopold IV: Not done

13. Pelvic examination

- Spinal Distance :26 cm
- Christendom Distance :30 cm
- External Conjugation :20 cm
- Pelvic circle :100 cm

14. External Genitals

- Cleanliness : Clean
- Varicose veins : There isn't any
- Bartholin's Gland Enlargement: None
- Skeene's Gland Enlargement : There isn't any
- Vistula : There isn't any
- Wound : There isn't any
- Scars on the Perineum : There isn't any
- Fluid Discharge : There isn't any
- If there is, please explain : There isn't any

15. Upper and Lower Extremities

- Edema : There isn't any
- Varicose : There isn't any

Patellar Reflex

- Left : There is
- Right : There is

D. Diagnostic Test

Laboratory Examination

- ◆ Hb : 11 gr%
- ◆ Urine Protein : -
- ◆ Urine Glucose : -

Based on the results of Mrs. M's first visit on 20-7-2024, subjective data was obtained on the pregnant mother Mrs. M where the mother said that this was her first pregnancy, had never given birth and had never had an abortion. The mother said that she was 24 years old. The mother said that her LMP was 6-5-2024, had complained of nausea and vomiting since 2 days ago approximately 4-5x/day in the morning, while the objective data obtained were the results of a physical examination of good general condition, compositis consciousness, BP: 110/80 mmhg N: 82x/m R: 22x/m S: 36C Weight decreased from 52 kg to 51 kg, eyes: symmetrical, not pale, pink conjunctiva, white sclera, mouth: clean, no stomatitis, no caries, no bleeding gums.

According to the theory of data assessment collected is subjective data and objective data from patients, midwives can record the results of data findings in a diary before being documented (Wildan 2021) in the theory of emesis gravidarum (nausea and vomiting) is one of the physiological changes that occur due to increased levels of HCG produced by the placenta, this nausea and vomiting generally occurs in the morning so it is called morning sickness (Kusuma Wardani 2020). In this step the author did not find any gaps between the theory and cases in the field.

The collected data is interpreted according to the obstetric diagnosis of problems and needs. In this case, the obstetric diagnosis can be established, namely Mrs. MG: 1 P: 0 A: 0, 24 years old, 10 weeks and 4 days pregnant with emesis gravidarum.

Problem Mother feels anxious about her pregnancy because she experiences nausea and vomiting. The needs provided are mental support, providing information about the current situation, providing an explanation of the nausea and vomiting being experienced by the mother, providing non-pharmacological therapy in the form of ginger aromatherapy.

While in the theory of problems are things that are often experienced by women, which are recorded by midwives according to the assessment. For example, in the case of emesis gravidarum, the mother feels anxious about her pregnancy (Mansjoer 2020). the needs of things that are needed by patients and have not been recorded in the diagnosis and problems obtained by analyzing data, for example in the case of gravity analysis in providing counseling and motivational support to mothers. In this step, the author did not find any gaps between the theory and the existing cases.

In cases for potential diagnosis hyperemesis gravidarum can occur, after the action is taken there is no potential diagnosis. In theory, this step requires anticipation, if possible prevention is carried out, while observing the client, midwives are expected to be prepared if this potential diagnosis or problem actually occurs, the most important thing is to carry out safe care. from the case of emesis gravidarum, a potential diagnosis of dehydration was obtained, if not treated immediately it will lead to hyperemesis gravidarum (Varney 2019). In this step the author did not find any gap between theory and cases in the field of practice

In the anticipation step in the case of emesis gravidarum, information and education are provided about the pregnancy and collaboration with other health teams for the need for immediate action so that it can be handled quickly. In the theory of Anticipation, it is to identify immediate action by a midwife or doctor and to be consulted or handled together with other members of the health team according to the client's condition (Sofyan 2019). Anticipation in cases of emesis gravidarum (Wirda et al.2020) can be done in a non-pharmacological way, one of the non-drug therapies can be in the form of providing mental (emotional) support, regulating diet patterns, acupuncture, or aromatherapy. Ginger aromatherapy is the most common and is considered safe to use in reducing

nausea or vomiting. In this step, the author did not find any gaps between the theory and cases in the field.

The care plan given in cases of emesis gravidarum is: Tell the mother the results of the examination and explain to the mother about the condition she is currently experiencing. Advise the family to provide support to the mother so that the mother is not anxious and worried about her condition, because what the mother is currently experiencing is physiological or normal in early pregnancy. Advise the mother when waking up in the morning to get up slowly and give the body time to adjust, Advise the mother to sit in bed for a while, do light stretching, or drink water before standing up to reduce the risk of nausea. Advise the mother to diet such as eating small portions of food but often, Avoid fatty or strong-smelling foods. Provide non-pharmacological therapy to the mother. According to the theory of the care plan from the diagnosis that will be given according to Manuaba (2019), is Communication, information and education (KIE) about early pregnancy which can always be accompanied by emesis gravidarum. Emesis gravidarum will gradually decrease until the age of 4 months of pregnancy. Advise not to get out of bed too quickly, so that blood flow adaptation to the central nervous system is achieved. Diet advice It is recommended to eat small portions, but more often. foods that stimulate nausea and vomiting are avoided. It is advisable not to consume fried foods. butter, margarine, oil and do not have a strong odor, Natural non-pharmacological therapy in the form of ginger aromatherapy which can reduce nausea and vomiting by inhalation/inhalation (syahda 2022). Pharmacological drugs, mild treatment without hospitalization for emesis gravidarum, necessary vitamins (vitamin B complex, mediamer B6 as vitamins and antiemetics), Mild sedative treatment (luminal 3x30 mg (barbiturate), valium), anti-nausea-vomiting (stemetil 3x30 mg, primperan, emetrol), Treatment advice is to drink plenty of water and other drinks, avoid acidic drinks or foods to reduce stomach irritation, advice for antenatal control or pregnancy check-ups more often, come immediately if there is an abnormality.

In this step, the author found a gap between the theory and the existing case. The management did not use pharmacology (drugs) but only non-pharmacology in the form of ginger aromatherapy.

In the case of the implementation of care provided is: Inform the mother of the results of the examination, namely General condition: good. composentis consciousness, BP: 110/70 mmHg R: 22 x / minute N: 82 x / minute S: 36.2 ° C. Explain to the mother about the complaints she is currently experiencing, namely nausea and vomiting 4-5 times a day, which are symptoms of emesis gravidarum that occurs in pregnant women. Usually this occurs in early pregnancy and will disappear after 20 weeks of pregnancy or early pregnancy and this is a normal condition. Give advice to the mother when waking up in the morning to wake up slowly and give the body time to adjust, so that blood flow adaptation to the central nervous system is achieved, which can help reduce nausea. Suggest that the mother sit in bed for a while, do light stretching, or drink water before standing to reduce the risk of nausea. Advise the mother to diet, namely eating small portions but often, and avoiding foods that stimulate nausea and vomiting such as not consuming fried foods, butter, margarine, oil and those with strong odors. Providing non-pharmacological therapy in the form of ginger aromatherapy to mothers for up to 7 days by dripping two drops of essential oil onto tissue, keeping it 3 cm from the nose, then inhaling or breathing in for 15 minutes.

According to Varney's theory (2019), in this step, the overall care management as described in the planning step is carried out efficiently and safely. This management can be carried out entirely by the midwife or partly by the client or other health workers. Although the midwife does not do it herself, she still bears the responsibility to direct the management.

According to Manuaba (2019), the implementation of emesis gravidarum that will be given is. Communication of examination results, information and education (KIE) about early pregnancy which

can always be accompanied by emesis gravidarum. Emesis gravidarum will be difficult. Advice is given not to get out of bed too quickly, so that blood flow adaptation to the central nervous system is achieved. Diet advice It is recommended to eat small portions, but more often. Foods that stimulate nausea and vomiting are avoided. It is advisable not to consume fried foods. butter, margarine, oil and do not have a strong odor. Providing natural non-pharmacological therapy in the form of ginger aromatherapy which can reduce nausea and vomiting by inhalation/inhalation (syahda 2022). Pharmacological drugs, mild treatment without hospitalization in emesis gravidarum, necessary vitamins (vitamin B complex, mediamer B6 as vitamins and antiemetics), mild sedative treatment (luminal 3x30 mg (barbiturate), valium), anti-nausea-vomiting (stemetil 3x30 mg, primperan, emetrol), Treatment advice is to drink plenty of water and other drinks, avoid acidic drinks or foods to reduce stomach irritation, advice on antenatal control or pregnancy check-ups more often, come immediately if there is an abnormal condition. In this step the author found a gap between the theory and the existing case management does not use pharmacology (drugs) but only non-pharmacology in the form of ginger aromatherapy.

In the case of emesis gravidarum Mrs. MG: l P: o A: o after being given ginger aromatherapy for 7 days, 4 visits showed a significant decrease on the 4th day, the results were obtained: General condition is good on the 4th day. Nausea has decreased significantly. Consciousness composmentis BP: 110/70 mmHg R: 20 x / minute N: 84 x / minute, S: 36.3 ° C. Eyes: Not pale, pink conjunctiva, white sclera, mouth: Clean no stomatitis, no caries, gums do not bleed. Mother is no longer nauseous and vomiting Appetite has increased. Weight gain before 51 kg - 52 kg.

Meanwhile, the evaluation theory obtained according to Varney (2019) is: General condition is good, Nausea and vomiting are gone, Mother and fetus are in good condition, Appetite is good, Weight gain, No hyperemesis gravidarum. In this step, the author did not find any gap between the theory and the cases in the field of practice.

4. CONCLUSION

In this chapter, the author draws a conclusion from a case study entitled midwifery care for pregnant women Mrs. M G:l P:o A:o with emesis gravidarum using ginger aromatherapy in independent practice Bd. Elfi Syahri Sirai S.Tr.Keb, Sei Kepayang District, Asahan Regency in 2024, namely: Assessment of pregnant woman Mrs. M G:l P: o A: o gestational age 10 weeks 4 days with emesis gravidarum obtained subjective data pregnant woman Mrs. M mother said this is her first pregnancy, and has never given birth and never had an abortion mother said she is 24 years old, mother said HPHT 6-5-2024 complained since 2 days ago experiencing nausea vomiting 4-5x / day in the morning after eating liquids, while the objective data obtained the results of a physical examination of general condition is good, composmentis consciousness BP: 110/80 mmhg, N: 82x / m, R: 22x / m, S: 36C, TB: 156 cm, BB before pregnancy: 52 kg current BB: 51 kg, eyes: symmetrical, pink conjunctiva, white sclera, mouth: none stomatitis, no caries teeth, no bleeding gums. In the theory of emesis gravidarum (nausea and vomiting) is one of the physiological changes that occur due to increased levels of HCG produced by the placenta, this nausea and vomiting generally occurs in the morning so it is called morning sickness (Kusuma Wardani 2020). The author did not find any gaps between theory and case. Data interpretation is carried out by collecting data carefully and accurately so that a diagnosis of Mrs. M G: l P: o A: o with emesis gravidarum is obtained. According to the theory, data interpretation is the process of analyzing and understanding information obtained in midwifery care management. Data interpretation can be used as a reference to establish a diagnosis that is considered correct and accurate. This process involves collecting, analyzing, and managing data to establish an accurate and effective diagnosis in midwifery management (Sulistiyawati 2019). In this step, the author did not find any gaps between theory and case. The potential diagnosis (hyperemesis gravidarum) in Mrs. M's case did not appear because it could be handled quickly and appropriately according to the procedure. According to the theory of potential diagnosis is to identify problems and diagnoses that have been identified before they become complications, which require anticipation and prevention if possible (Heryani 2019). The author did not find any gaps between theory and case. In the anticipation step of

Mrs. M, information and education about pregnancy and collaboration with other health teams are carried out for the need for immediate action so that it can be handled quickly. According to the theory of anticipation is to identify immediate action by a midwife or doctor and to be consulted or handled together with other members of the health team according to the client's condition (Sofyan 2019). The author did not find any gaps between theory and case. The action plan for Mrs. M is to inform the mother of the results of the examination and explain to the mother about the condition she is currently experiencing, advise the mother not to get out of bed immediately when she wakes up in the morning, advise the mother to diet by eating small meals but often, advise the mother not to consume foods with strong odors, provide non-pharmacological therapy in the form of ginger aromatherapy by inhalation/inhalation for 15 minutes. According to the theory, an action plan is a step taken to identify health care needs and formulate health care goals with clients to develop a comprehensive care plan to solve the problem. This plan also includes providing information and support to clients to make the right and responsible decisions regarding their health (lety arlenti 2021). The author did not find any gaps between theory and case. The implementation of actions on Mrs. M was carried out in accordance with the action plan that had been made. According to the theory of implementing a comprehensive, effective, efficient and safe midwifery care plan based on evidence based on clients/patients, in the form of promotive, preventive, curative and rehabilitative efforts. Implemented independently, collaboratively and by referral (lety arlenty 2021). The author did not find any gaps between the theory and the cases in the field. What was obtained after midwifery care was given to Mrs. M was a good general condition, compos mentis condition BP: 110/80 mmhg, R: 20x/m, N: 84x/m S: 36C, eyes: symmetrical, pink conjunctiva, white sclera, gums do not bleed, the mother is no longer nauseous and vomiting, appetite has started to increase and weight has increased. According to the theory of conducting systematic and continuous evaluations to see the effectiveness of the care that has been given, according to changes in the development of the client's condition (lety arlenty 2021). After giving ginger aromatherapy for 7 days showed a significant decrease on the 4th day or the 4th visit so it can be concluded that ginger aromatherapy can reduce the frequency of emesis gravidarum in pregnant women in the first trimester in the independent practice of Bd Elfi Syahri Sirait S.Tr. Keb, Sei Kepayang District, Asahan Regency. The author did not find any gap between theory and case.

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