



# Midwifery Care for Pregnant Women Mrs. S G: li P: I A: o 26 Weeks of Pregnancy with Hypertension in Pregnancy at The Gabriel Medical Center Clinic, Sentang District, Asahan District

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## ABSTRACT

Hypertension or high blood pressure is a condition when blood pressure is at a value of 130/80 mmHg or more. This condition can be dangerous, because the heart is forced to pump blood harder throughout the body, which can result in various diseases, such as kidney failure, stroke and heart failure. This method uses the case method with observation and interviews. Pregnant mother Mrs. S carried out laboratory examinations and immediate treatment by regulating the diet and types of food that need to be avoided in pregnant women with hypertension. In this step there is no gap between the theoretical review and the case review.

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## 1. INTRODUCTION

Hypertension or high blood pressure is a condition when blood pressure is at a value of 130/80 mmHg or more (Böhm et al., 2018). This condition can be dangerous, because the heart is forced to pump blood harder throughout the body, which can cause various diseases, such as kidney failure, stroke, and heart failure.

Hypertension in pregnancy is common and is a major cause of maternal mortality, and has other serious effects during delivery. Hypertension in pregnancy occurs in 5% of all pregnancies (Karthikeyan, 2017).

In the United States, the incidence of hypertension reaches 6-10%, where there are 4 million pregnant women and an estimated 240,000 with hypertension each year (Malha et al., 2024). Hypertension is a risk factor for stroke and an increased incidence in pregnancy where 15% of maternal deaths in the United States are caused by intracerebral hemorrhage (Malha et al., 2018). Hypertension in pregnancy affects both the mother and the fetus, and can cause maternal and fetal morbidity and mortality if not managed properly (Karthikeyan, 2017).

Hypertension in pregnancy (PIH) can be associated with edema in some pregnant women, with the appearance of protein in the urine (Shah, 2020). PIH affects about 6% of primigravidae, and 4% of multigravidae, but if detected and treated early, complications can be avoided (Nirwana, 2018).

Pregnancy-induced hypertension has a greater risk of premature birth, IUGR (Intrauterine growth retardation), morbidity and mortality, acute kidney failure, acute liver failure, postpartum bleeding, HELLP (Hemolysis elevated liver enzymes and low platelet count), DIC (Disseminated intravascular coagulation), brain hemorrhage and seizures (Khosravi et al., 2017; Mudjari and Samsu, 2018).

Hypertension during pregnancy is a serious complication that requires careful evaluation, during normal pregnancy peripheral vascular resistance decreases as a result of dilated vessels, systolic and diastolic pressures both tend to decrease in the second trimester and then return to normal as they approach term if peripheral resistance increases hypertension occurs. (Obstetric and Gynecological Emergency, 2017).

The World Health Organization (WHO) noted that around 830 women worldwide die every day due to complications related to pregnancy or childbirth and as many as 99% of them are contributors related to pregnancy hypertension, including in developing countries. In developing countries in 2015 the Maternal Mortality Rate reached 239 per 100,000 per live births (Mehboob et al., 2021). Compared to developed countries which only reached 12 per 100,000 live births (WHO, 2018).

Sustainable Development Goals (SDGs) is a global agenda in Sustainable Development with the implementation of the 2016 to 2030 extract which is an update of the Millennium Development Goals (MDGs) or the Millennium Development agenda which officially ended in 2015 (Ashraf et al., 2019). One of the goals of SDGs is the creation of safe pregnancy and childbirth conditions, and mothers and babies who are born can live healthily, which is done by achieving targets in reducing the risk of maternal death, one of which is a contributor related to pregnancy hypertension globally to less than 70 per 100,000 births (WHO, 2017).

According to the Indonesian Health Research and Development Agency, the cause of maternal death due to hypertension during pregnancy is 33.07%, obstetric hemorrhage 27.03%, non-obstetric complications 15.7%, other obstetric complications 4.81% while the highest cause of neonatal death is due to complications of intrapartum events recorded 283%, due to respiratory and cardiovascular disorders 21.3%, LBW and premature 19% congenital births 14.8% due to neonatal tetanus 1.2% infection 7.3% and other causes 8.2% (Ministry of Health, 2019).

North Sumatra stated that its region has succeeded in reducing maternal mortality rates and one of them is due to hypertension in pregnant women and children throughout 2019 compared to the previous year, as seen from the Maternal Mortality Rate (MMR). In 2019, the MMR was 179 out of 302,555 live births, infant mortality was 730 deaths or 2.41 per 1,000 live births, compared to the number of infant deaths in 2018 of 869 live births (Ashraf et al., 2019). The infant mortality rate continues to be suppressed from the 2019 Infant Mortality Rate (IMR) performance target in the RJPM (Regional Medium-Term Development Plan). North Sumatra Province is estimated at 4.5 per 1,000 live births (North Sumatra Health Profile, 2019) (Yanti, 2019).

According to the Asahan Health Profile, the number of maternal deaths in 2016 was 13 people, in 2017 this figure decreased to 11 people with the number of live births of 13,847. The causes of maternal deaths consisted of deaths that occurred during pregnancy with maternal age 20-34 years (18.10%), at age <35 years (18.10%) (Sara et al., 2019). Maternal deaths occurred during postpartum at age 20-34 years (3 people) and age ≥35 years (1 person) (Asahan District Health Profile, 2017).

Based on the results of the initial survey conducted by the author at the Midwife Eliza Bestari Sinaga, SST., M. Kes clinic in East Kisaran, Asahan Regency in 2020, from January 2019 to August 14, 2020, there were 5 cases of pregnant women with hypertension with hypertensive pregnancies.

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. SG: II P: IA: o With Hypertension at the Gabriel Medical Center Clinic, Jl. Delima, Sentang, Asahan Regency in 2020 using the Varney Management approach.

The scope of this scientific paper starts from a theoretical presentation of "Hypertension in Pregnancy" and 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 potential problem diagnoses, identification of immediate needs and collaboration, midwifery care planning, implementation of midwifery care for pregnant women is carried out at the Gabriel Medical Center clinic, Sentang District, Asahan Regency from 14 - 31 August 2020 using the normal pregnant woman assessment format which is applied to the midwifery problems of this case study.

The aim of this research is: Implement Midwifery Care for Pregnant Women Mrs. SP: II G: IA: o With Hypertension in Pregnancy at the Gabriel Medical Center Clinic, Sentang District, Asahan Regency in 2020 using Varney management. Carry out a complete assessment related to pregnant women with hypertension Mrs. SG: II P: IA: o With Hypertension in Pregnancy at the Gabriel Medical Center Clinic. Interpret data on pregnant women Mrs. SG: II P: IA: o With Hypertension in Pregnancy at the Gabriel Medical Center Clinic. Identify potential diagnoses or problems in pregnant women Mrs. SG: II P: IA: o With Hypertension in Pregnancy at the Gabriel Medical Center Clinic.

Determine the need for immediate action, consultation, collaboration, with other health workers and referrals for pregnant women Mrs. SG: II P: IA: o With Hypertension in Pregnancy at the Gabriel Medical Center Clinic. Prepare a comprehensive midwifery care plan for pregnant women Mrs. SG: II P: IA: o With Pregnancy Hypertension at Gabriel Medical Center Clinic. Implementing efficient and safe planning for pregnant women Mrs. SG: II P: IA: o With Pregnancy Hypertension at Gabriel Medical Center Clinic (Mehta et al., 2020). Evaluating the implementation of midwifery care for pregnant women Mrs. SG: II P: IA: o With Pregnancy Hypertension at Gabriel Medical Center Clinic.

## 2. RESEARCH METHOD

According to (Varney, 2007) based on research (Rahmi, 2016) midwifery management is a problem-solving process used as a method to organize thoughts and actions based on scientific theories, discoveries, skills in a logical series or stages for making decisions that focus on clients.

The management process consists of 7 sequential steps where each step is refined periodically. The process begins with baseline data collection and ends with evaluation (Florac et al., 1997). The seven steps form a complete framework that is applied in any situation (Onwuegbuzie, 2016). However, each step can be broken down into more detailed steps that can change according to the needs of the patient. The seven Varney steps are:

### Step 1: (Data Review)

Collecting subjective and objective data, in the form of focus data to assess the condition of the mother according to her condition, using anamnesis, physical examination, weighing and laboratory examination (Estes et al., 2019). The types of data collected are

- **Subjective data**

According to (Nursalam, 2007) based on research (Rahmi, 2016) subjective data is data obtained from patients as an opinion regarding a situation and event.

Subjective data includes:

- o Patient name: clear and complete name, if necessary
- o everyday calls so as not to make mistakes in providing treatment according to (Eni and Diah, 2010) in research (Rahmi, 2016).
- o Age: recorded in years to determine the risks such as being under 20 years old, immature reproductive organs while the mother's age is more than 35 years, the client is 41 years old (Eni and Diah, 2010) in the study (Rahmi, 2016).
- o Religion: to find out the patient's religious beliefs in order to guide or direct the patient in praying.
- o Education: influential in obstetrics and gynecology to find out the extent of the level intellectually, so that midwives can provide counseling according to their education.
- o Tribe/nation: influences daily customs and habits.
- o Work : its use is to know and measure
- o socio-economic level because this is also
- o affect the patient's nutrition.

- Address : asked to facilitate the visit home if needed
- **Objective Data**  
Objective data was obtained from examination of the mother's vital signs as well as A physical examination is one way to identify symptoms or problems experienced by postpartum mothers by collecting objective data on patients (Sari and Rimandini, 2014) based on research (Rahmi, 2016).

#### **Generalist Status**

- General Conditions: to find out whether the mother's general condition is good, moderate or weak (Wartolah, 2006) based on research (Rahmi, 2016).
- Awareness: to find out the mother's level of awareness start composmentis.
- Vital Signs
  - Blood pressure: to determine the risk factors for hypertension or hypotension, normal blood pressure is 120/80 mmHg. In the case of pregnant women with hypertension, their blood pressure is 150/100 (Sari and Rimandini, 2014) based on research (Rahmi, 2016).
  - Temperature Measurement: to determine whether body temperature has increased or not. In cases of hypertension <35, it can be a symptom of preeclampsia (Manuaba, 2007) based on research (Rahmi, 2016).
  - Pulse: to find out the patient's pulse which is calculated in minutes. Normally 60-100 per minute (Sari and Rimandini, 2014) based on research (Rahmi, 2016).
  - Respiration: to count the frequency of breathing and breath sounds. Is it less than 40 times per minute/more than 60 times per minute? (Elisabeth, 2015) based on research (Rahmi, 2016).
  - Height: to determine the height of pregnant women, less from 145 cm then it is considered high risk (Elisabeth, 2015) based on research (Rahmi, 2016).
  - Weight: to determine the increase in weight during pregnancy which averages 0.3-0.5 kg per week (Wiknjosastro, 2010) based on research (Rahmi, 2016). In cases of hypertension, weight increases by 1 kg per week (Manuaba, 2007) based on research (Rahmi, 2016).
  - LILA: to determine the circumference of the upper arm of pregnant women. Normal Upper Arm Circumference is 23.5 cm and is considered high risk or not.

#### **Step II: Data Interpretation**

In this step, correct identification is carried out on the diagnosis or problems and needs of the client based on correct data interpretation based on the data that has been collected.

- Obstetric diagnosis, with: Mrs. ....age ....years G...P...A... pregnant ... weeks with hypertension in pregnancy (estiwidani, 2008) based on research (Rahmi, 2016).
- Problems: problems are things related to patient experiences found from the results of assessments or that accompany diagnoses according to the patient's condition (Varney, 2006) based on research (Rahmi, 2016).
- Needs: needs are things that the patient requires and that have not been identified in the problem diagnosis obtained by conducting data analysis according to Varney (Estiwidani, 2008) based on
- research (Rahmi, 2016).

#### **Step III: Potential Diagnosis**

Identifying diagnoses or problems or potentials that may occur. In this step, potential problems or diagnoses are identified. Based on the series of problems and diagnoses, this requires anticipation, prevention, if possible waiting, observing and being prepared if it actually happens. (Eni and Diah, 2010) based on research (Rahmi, 2016).

- Potential diagnoses that can occur in mothers: risk of preeclampsia (Rukiyah and Yulianti, 2010) based on research (Rahmi, 2016).

- Potential diagnoses that can occur in infants: risk of intra uterine hypoxia (Rukiyah and Yulianti, 2010) based on research (Rahmi, 2016).

#### Step IV: Anticipate Problems

This step requires continuity of midwifery management. Identify and determine the need for immediate action by a midwife or doctor and or to be consulted or handled together with other health team diagnoses according to the patient's condition.

#### Step V: Develop an Action Plan

In this step, comprehensive planning is carried out, the previous steps are determined. This step is a continuation of management of the diagnosis or problems that have been identified or anticipated. In this step, incomplete basic information or data can be completed. According to Abidin (2009) based on research (Rahmi, 2016) taking immediate action on pregnant women with hypertension in pregnancy if there are complications, immediately collaborate with a midwife or doctor and refer immediately.

#### Step VI: Implementing Planning

In this step, the comprehensive care plan in step five must be implemented efficiently and safely. This planning can be done entirely by a midwife, or other health team members, in the case of Mrs. Y, the management that needs to be prepared is:

Steps for preparing an activity plan:

- Determine the purpose of the action to be taken
- Determine action steps independently, collaboratively and through referrals
- Determine the evaluation criteria and success of intervention actions.

#### Step VII: Evaluation

This is the final step in midwifery management, namely by conducting an evaluation of the planning and implementation carried out by midwives (Wildan and Hidayat, 2011) based on research (Rahmi, 2016).

### 3. RESULTS AND DISCUSSIONS

Midwifery Care for Pregnant Women Mrs. Sg: li P: Ia: o Age 26 Weeks Pregnancy With Internal Hypertension Pregnancy At Gabriel Medical Centre Clinic Sentang District, Asahan Regency Year 2020.

Name : Mrs. S

Age/Gender : 26 Years

Diagnosis : Pregnant woman Mrs. SG: II P: IA: o With Hypertension

No.	Day / Date	Data	Diagnosi s/Problem	Diagnosi s/Potential Problem s	Need Coming Soon/Collaborati on	Planning	Implementation	Evaluation

1.	Friday, August 14, 2020 Time: 11.00 WIB	<p><b>Subjective</b></p> <ol style="list-style-type: none"> <li>Mother said this was her second pregnancy and she had never had an abortion.</li> <li>Mother said her BP before pregnancy was 120/80 mmHg</li> <li>Mother said she felt nauseous, vomited and had frequent headaches.</li> <li>My mother has been complaining lately that her eyesight is nearsighted</li> </ol> <p><b>Objective Data</b> Date : 05-17-2015 time: 07.00 WIB</p> <p>My mother: not good</p> <ol style="list-style-type: none"> <li>Awareness: Compositentis</li> <li>Blood pressure: 140/90 mmHg</li> <li>HR: 80 x / minute</li> <li>Temperature: 37°C</li> </ol>	Mrs. SG:II P: IA:o Age 26 years, gestational age 26 weeks 3 days with hypertension. Problem: 1. Mother said she was anxious and often had headaches, nausea, vomiting and blurred vision.	Pre-eclampsia Eclampsia	Collaborating with dr.SpOG.	<ol style="list-style-type: none"> <li>Monitor KU and perform TTV checks</li> <li>Perform lab tests such as: - Urine protein (-) -Hb :11 gr % -Glucose Urine(-).</li> <li>Providing information about the drugs SF 2x1, Vitamin C 2x1, Lactas 2x1</li> <li>Tell the mother about nutritious foods such as:- reducing fat, carbohydrates and consuming foods that are high in protein and high in potassium</li> <li>Tell the mother about good rest.</li> <li>Give antihypertensive drugs such as: serpasil, Karapres, Captopril.</li> </ol>	<ol style="list-style-type: none"> <li>Conduct a general condition examination and vital sign examination such as: -BP: 140/90 mmHg, -HR: 80x/minute, RR: 24 x/minute - temperature: 37oC, Hb: 11 gr%, Urinary protein (-).</li> <li>Give medicine to the mother SF 2x1, Vit C 2x1 Lactas 2x1.</li> <li>Provide information about the nutritional needs of pregnant women, a diet high in potassium, carbohydrates, sufficient vitamins, low in fat</li> <li>Tell the mother about the 2 hour nap and 8 hour night rest.</li> <li>Give antihypertensive drugs such as: serpasil, Katapres, Captopril</li> </ol>	<ol style="list-style-type: none"> <li>Mother Say Blood pressure still 140/90 mmHg HR:80 x/minute RR:24 x/minute Temperature: 37oC HB:11 gr % Urinary protein (-) Urinary glucose (-)</li> <li>Mom seemed calmer than before. My mother is not well TD: 140/90 HR:80x/ RR minutes: 24 x/ minute Temperature: 37oC Urine Protein:(-) Urine Glucose:(-)</li> <li>Some of the problems have been resolved</li> <li>Planning is continued with the provision of therapy and monitoring of vital signs.</li> </ol>
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- |     |                     |  |  |  |  |  |  |
|-----|---------------------|--|--|--|--|--|--|
| 6.  | RR : 24<br>x/minute |  |  |  |  |  |  |
| 7.  | TB: 160 cm          |  |  |  |  |  |  |
| 8.  | BB Now<br>:58 kg    |  |  |  |  |  |  |
| 9.  | LEVEL :<br>23,5cm   |  |  |  |  |  |  |
| 10. | TTP:11-12-<br>2020  |  |  |  |  |  |  |
| 11. | Oedema:(-)          |  |  |  |  |  |  |
| 12. | Hb: 11 gr%          |  |  |  |  |  |  |

Data assessment is carried out to collect basic data on the patient's condition where the midwife must seek and explore data and facts originating from the patient, family and other health and the results of examinations carried out by the midwife, data collection includes subjective and objective data.

According to (Wagiyo, 2016) based on research (Norma, 2017) In pregnant women with primigravida aged less than 25 years, the incidence is three times higher than that of the same age with multigravida. In pregnant women over 35 years of age, hypertension can occur due to hereditary factors, consuming excessive salt, smoking, drinking alcohol, caffeine, unhealthy eating habits that result in fat deposits and excess weight. In the case of Mrs. S aged 26 years, she experienced hypertension during pregnancy.

In this step, there is no age gap between the theoretical and case reviews, that in the theoretical review, people over 35 years of age can suffer from hypertension and in the case review, people aged 26 years experienced hypertension during pregnancy.

The reasons women come to visit the clinic and are expressed in their own words, in the case of pregnant women with hypertension, the complaints include dizziness, blurred vision (Lienfea, 2014) according to research (Norma, 2017).

In Mrs. S's case, she experienced dizziness and blurred vision. In this step, there was no gap between the theoretical review and the case.

To find out whether currently suffering from a disease or there is a history of family disease, a history of twins (Lienfea, 2014) according to research (Norma, 2017). In the case of Mrs. S, the history of the systematic disease being suffered is hypertension. In this step there is no gap between the theoretical review and the case review.

What needs to be studied includes frequency, quality, complaints, prohibitions, in hypertension given a high protein, low carbohydrate, low fat and low salt diet (Lienfea, 2014) according to research (Norma, 2017). In the case of Mrs. S, the midwife advised the mother to reduce fat and consume foods that contain high protein and high potassium. In this step there is no gap between the theoretical review and the case review.

Reviewed because the basis of treatment for pregnant women with hypertension is rest and diet (Lienfea, 2014) according to research (Norma, 2017). In Mrs. S's case, the rest pattern was sufficient and the diet was fulfilled. In this step, there was no gap between theory and case review.

To find out the general condition of the mother and the general level of patient consciousness, poor or good (Lienfea, 2014) according to research (Norma, 2017). In the case of Mrs. S, the general condition of the mother is not good. In this step there is no gap between the theoretical review and the case review.

To determine the level of maternal consciousness whether composmentis (full consciousness by giving sufficient response to the stimulus given), somnolence (consciousness that only wants to sleep, can be awakened by pain stimulation, but falls asleep again), coma (unable to react to any stimulus or stimulation, no pupil reflex to light (Lienfea, 2014) according to research (Norma, 2017). In the case of Mrs. S, the mother's consciousness is composmentis. In this step there is no gap between theory and case review

To find out whether the body temperature has increased or not, the normal limit of body temperature is 35.850C – 370C (Lienfea, 2014) according to research (Norma, 2017). In the case of Mrs. S, the mother's body temperature was 370C, there was no increase in body temperature. In this step there is no gap between theory and case review.

To find out the patient's pulse calculated in minutes, the normal limit is 60-100 times per minute if > 60 - 100 is included in hypertension (Lienfea, 2014) according to research (Norma, 2017). In the case of Mrs. S, the mother's pulse is 80x / minute. In this step there is no gap between theory and case review.

To find out the height of pregnant women, less than 150 cm or not, including high risk or not if less than 150 cm is included in high risk (Lienfea, 2014) according to research (Norma, 2017). In the case of Mrs. S, the mother's height is 160 cm. In this step there is no gap between theory and case review.

To find out the weight gain during pregnancy, the average weight gain is 0.3-0.5 kg per week, but the normal value for weight gain during pregnancy is 9-12 kg in pregnant women with hypertension, weight gain is 1 kg per week (Lienfea, 2014) according to research (Norma, 2017). In the case of Mrs. S, the mother's weight is 58 kg. In this step there is no gap between theory and case review.

To find out whether the circumference of the upper arm of a pregnant woman is 23.5 cm or not, including the risk or not (Lienfea, 2014) according to research (Norma, 2017). In the case of Mrs. S, the mother's lila is 23.5 cm. In this step there is no gap between theory and case review. The condition of the face is pale or there are no abnormalities, is there edema in the case of pregnant women with hypertension, the condition of the face is slightly pale or there is no edema (Lienfea, 2014) according to research (Norma, 2017). In the case of Mrs. S, the mother's face is not pale and there is no edema. In this step there is no gap between the theoretical review and the case review.

Whether edema or not, there are varicose veins, patellar reflex to determine the +/- leg nerve reflex, red, soft or hard calves, mechanical factors for hypertension, venous congestion due to multigravida, due to infection that leaves scars (Lienfea, 2014) according to research (Norma, 2017). In the case of Mrs. S, the patellar reflex on the mother's leg nerves did not show edema. In this step there is no gap between the theoretical review and the case review.

Supporting medical diagnosis, possible complications, abnormalities and diseases accompanying her pregnancy (Lienfea, 2014) according to research (Norma, 2017). In the case of Mrs. S, the supporting examination carried out was urine protein with the result (-). In this step there is no gap between the theoretical review and the case review.

#### **Data Interpretation**

In this step, identification of the diagnosis is carried out or problem based on the correct interpretation above which has been collected, namely with obstetric diagnosis in pregnant women (Lienfea, 2014) according to research (Norma, 2017).

In the case of Mrs.S things related to client experience found from the assessment accompanying the diagnosis of problems that occur in pregnant women with hypertension include: blurred vision and frequent dizziness, nausea and vomiting. In this step there is no gap between the theoretical review and the case.

#### **Potential Diagnosis**

This step identifies the problem or diagnosis that has been identified therefore we need anticipation of prevention and supervision of pregnant women with hypertension. In the case of pregnant women with hypertension the potential diagnosis that may occur is mild pre-eclampsia. In Mrs. S's case, preventive measures and supervision were carried out on pregnant women with hypertension. In this step, there was no gap between the theoretical review and the case review.

#### **Anticipation**

Immediate treatment in this case is to collaborate with other health workers such as doctors to prevent further complications of hypertension, collaborate with doctors to find out about diet and types of food that need to be avoided by pregnant women with hypertension, and collaborate with laboratories to detect the development of hypertension into pre-eclampsia by checking for urine protein and blood pressure checks so as not to cause pathological disorders (Lienfea, 2014) according to research (Norma, 2017).

In the case of pregnant woman Mrs.S underwent laboratory examination and immediate treatment by regulating diet and types of food that need to be avoided in pregnant women with hypertension. In this step, there is no gap between the theoretical review and the case review.

#### **Planning**

Planning is intended to determine the needs for planned midwifery care for patients with hypertension (Lienfea, 2014) according to research (Norma, 2017).

In Mrs. S's case, the planning carried out was to monitor BP, DJJ, and patellar reflex, and provide clear information about the patient's condition and the condition of her pregnancy, encourage the mother to get plenty of rest, and encourage the mother to eat a diet high in protein and high in carbohydrates, sufficient in vitamins and low in fat, and encourage the patient to have more frequent pregnancy check-ups, namely once a week. In this step there is no gap between the theoretical review and the case review.

#### **Implementation**

In this sixth step, the comprehensive care plan as described in the fifth step is implemented efficiently and safely. Implementation is carried out by all midwives or some by the client or other members of the health team. Implementation is carried out in accordance with the care plan that has been made. (Lienfea, 2014) according to research (Norma, 2017).

In the case of Mrs.The implementation carried out is monitoring BP: 140/90, urine protein (-) the presence of patellar reflexes on the mother's feet, and DJJ 130x/minute, providing clear information to the patient and her pregnancy condition, advising the mother to get plenty of rest, namely by avoiding heavy work that was usually done before pregnancy, advising the mother about a high-protein and high-carbohydrate diet, sufficient vitamins and low fat, then advising the mother to have a pregnancy check-up visit once a week. In this step there is no gap between the theoretical review and the case review.

#### **Evaluation**

After the author performed midwifery care using the 7-step management of Helen Varney on pregnant women with mild pre-eclampsia, the author was able to make the following evaluation. In the assessment, subjective data was obtained, namely the mother came to check her pregnancy, the mother said she often had headaches and blurred vision, while objective data was BP 140/90 mmHg. Data interpretation obtained an obstetric diagnosis of Mrs. PG: II P: IA: o Age 26 years, 26 weeks of gestation with hypertension. Potential diagnosis in the case of Mrs. S with hypertension, a potential diagnosis arises because of the speed and alertness of health workers in handling the case that occurred in Mrs. S. In determining the actions taken, namely collaboration with doctors, laboratories and BP examinations so as not to cause pathological abnormalities.

In the case of pregnant mother Mrs. S and vital signs, provide clear information about the patient's condition and pregnancy, encourage the mother to get plenty of rest, encourage the mother to eat a diet that reduces carbohydrates, low fat and sufficient vitamins, give Sf 2x1, lactas 2x1, vit c 2x1, observe BP, perform a complete urine examination. The implementation of care given to the case of pregnant mother Mrs. S has been carried out in accordance with the planning that has been made.

After being given intensive care for 3 days, the results of the mother's KU were good, consciousness: composmentis, BP: 120/80 mmHg, temp: 37°C, HR: 80x / minute, RR: 20x / minute, the mother already knows about the results of her pregnancy examination, the medicine has been given, the mother is willing to drink according to the rules, the mother is willing to re-check 1 week later or if there are complaints.

#### 4. CONCLUSION

Midwifery care given to patient Mrs. S G: II P: I A: o age 26 years with hypertension KU mother is good, BP: 120/80 mmHg has improved and urine protein (-) mother feels happy and comfortable with her condition. Mother understands and will maintain a diet. Mother is willing to maintain a good rest pattern. Mother understands the health briefing that has been given. KU mother is good BP: 120/80 mmHg, HR: 80x/minute, RR: 20x/minute, Temp: 37°C, Urine protein (-). Mother is in good condition. Mother is willing to re-check in 1 week. Mother has been allowed to go home.

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