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Comprehensive pregnancy midwifery care (ANC) for Mrs. EM G2P1001, 9-10 weeks pregnant with chronic energy deficiency at Ngadiluwih Public Health Center, Kediri Regency

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***Abstract*:**
Nausea and vomiting in the first trimester of pregnancy is a physiological complaint that can progress to Chronic Energy Deficiency (CED), thus posing a risk to the mother and fetus. This study aims to describe comprehensive midwifery care for pregnant women with nausea and vomiting and CED at the Ngadiluwih Community Health Center, Kediri Regency. The method used was a descriptive case study with the Varney midwifery management approach for Mrs. Em G2P1001 at 9 weeks of gestation. Data were obtained through interviews, observations, physical examinations, and documentation reviews. The assessment results showed that the mother experienced nausea and vomiting with findings of 23 cm MUAC, body weight 44.5 kg, height 158 cm, and BMI 17.5 kg/m², which confirmed the diagnosis of CED. Interventions included nutritional counseling, education on strategies to reduce nausea, vitamin B6 administration, aromatherapy, and collaboration with obstetricians and nutritionists. The evaluation showed a decrease in complaints of nausea and vomiting and an increase in the mother's understanding of the importance of nutritional intake and danger signs of pregnancy. In conclusion, comprehensive midwifery care with the Varney approach effectively supports the well-being of pregnant women with nausea and vomiting and CED.

Keywords
midwifery care; nausea and vomiting; pregnancy; chronic energy deficiency

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INTRODUCTION

Nausea and vomiting in pregnancy (NVP) are physiological discomfort experienced by approximately 70–80% of pregnant women, especially during the first trimester. This condition varies from mild to severe and can even progress to hyperemesis gravidarum, which carries the risk of dehydration, electrolyte imbalances, and serious complications for both mother and fetus. In addition to physical disturbances, nausea and vomiting also impact the mother's psychological aspects, such as anxiety and stress, which further reduce the quality of life during pregnancy. One common

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consequence of prolonged nausea and vomiting is chronic energy deficiency (CED). CED is characterized by a mid-upper arm circumference (MUAC) <23.5 cm and reflects poor nutritional status. This condition increases the risk of low birth weight (LBW) and premature birth and even worsens maternal and neonatal morbidity and mortality.

METHOD

This study employed a descriptive case study method, utilizing a comprehensive midwifery care approach. The aim of this method was to provide an in-depth overview of the implementation of midwifery care for pregnant women experiencing nausea and vomiting in the first trimester of pregnancy at the Ngadiluwih Community Health Center, Kediri Regency, from September 8 to October 4, 2025. Subjects study. This is Mrs. Em G2P0001, Age 9 weeks pregnant, diagnosed with KEK. Data collection was carried out through observation of direct patient conditions, interviews with family and energy health, review of documentation from medical records, as well as review of the literature to strengthen theoretical and management approaches. The instruments used in data collection include the Maternal and Neonatal Assessment Management Form, the management process form based on Varney's seven steps, and note development for patients referred to the SOAP approach. Data analysis was performed using a descriptive qualitative method, assessing results, diagnosis, intervention, implementation, and evaluation based on standard midwifery care and the latest relevant literature.

RESULTS

Discussion case done in accordance with Management Varney Midwifery, starting from the stage of assessment until the evaluation. This chapter also explains the congruence and inconsistency between theory and practice. Any identified inconsistencies provide opportunities for problem-solving efforts to enhance the quality of midwifery care. This case study was conducted on Mrs. Em, 9 weeks pregnant, who was diagnosed with KEK at the Ngadiluwih Community Health Center in Kediri Regency.

During the assessment, the author obtained subjective and objective data. Subjective data was collected through an interview with the mother, while objective data was obtained from an inspection of the physical condition. Subjective data show that mothers experience nauseous vomiting in the first trimester of pregnancy. The objective findings indicate that the mother

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experienced a chronic lack of energy, with a LILA of 23 cm, a weight-to-height ratio of 44.5 kg/m², and a BMI of 17.5 kg/m². In conclusion, the mother experienced Chronic Energy Deficiency (CED).

Data interpretation includes diagnosis, problems, and needs. obstetrics. In cases, Mrs. Em G2P1001, Age 9 weeks pregnant, established obstetric diagnosis is a baby 30 days old with:

a. Problem: Nausea and vomiting at the beginning of pregnancy.
b. Needs: Providing IEC to mothers to overcome nauseous vomiting during pregnancy, recommending consuming biscuits or dry bread before getting up from sleep, giving the mother vitamin B6, and aromatherapy therapy to relieve nausea and vomiting.

Potential diagnosis in case this is Chronic Energy Deficiency, which can cause problems with the mother and fetus if left unchecked. Anticipatory action is undertaken through collaboration with a doctor, an Obstetrician/Gynecologist, for therapy and pharmacological interventions, as well as expert guidance on nutrient intake that must be provided to the mother and fetus in the womb. Plan maintenance for Mrs. Em includes:

a. Giving information to Mrs. Em regarding the results of the examination.
b. Collaborate with the Obstetrician/Gynecologist in giving therapy, pharmacological, and non-pharmacological.
c. Collaborate with an expert nutritionist to help Mother fulfill need nutrition daily nutritional needs.
d. Scheduling visit repeat for 2 weeks forward, for follow-up ultrasound examination.
e. Documenting all interventions and observations.

Implementation for Mrs. Em was carried out efficiently and safely in accordance with the care plan. All interventions were carried out as planned, without any deviations. In Mrs. Em's case, all planned interventions were implemented effectively. The evaluation results showed an improvement in the mother's understanding of the risks associated with inadequate nutritional intake.

DISCUSSION

Nauseous vomiting during pregnancy is the most common complaint experienced by mothers in the first trimester of pregnancy. This condition often triggers improved levels of human chorionic gonadotropin (hCG) and estrogen. This is in accordance with findings in the case of Mrs. Em, who experienced nauseous vomit at age 9 weeks pregnant. Management of nausea and vomiting during pregnancy focuses on non-pharmacological and educational approaches to nutrition. This approach covers the arrangement pattern. Eat a small amount. However, it is often recommended to avoid fatty and flavorful foods, and the consumption of vitamin B6 has been proven effective in reducing nausea and vomiting. In addition, giving education about signs of danger, such as continuous

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vomiting, dehydration, or drastic weight loss, it is very important that the mother can quickly get medical help when required.

Family support and energy health play an important role in helping mothers overcome discomfort during pregnancy. Interventions carried out by midwives in case studies show suitability with the standard of care midwifery integrated (ANC) and the prevailing theory. This is proven with the repair condition of Mother as well as understanding Mother about the method to overcome nauseous vomiting and the dangers that must be carefully considered. Important: monitoring and further action are still carried out to prevent complications that can occur as a consequence of malnutrition or dehydration. Collaboration among midwives, doctors, and experts in nutrition can enhance the quality of care and lead to optimal outcomes during pregnancy.

In a way, overall, comprehensive management-based care in midwifery, with Varney's principle applied to the case. This has succeeded in providing support and a holistic approach to the pregnant mother, enabling her to have a comfortable and safe pregnancy. It is hoped that the results of this can become a reference for officer health in giving appropriate and effective services to pregnant mothers with complaints of nauseous vomit.

CONCLUSION

Comprehensive midwifery care for Mrs. Em, a G2P1001 with a 9-week gestational age diagnosed with Chronic Energy Deficiency (CED) and nausea and vomiting in early pregnancy, was implemented using the Varney midwifery management approach, which includes assessment, diagnosis, identification of potential problems, determination of immediate needs, intervention, implementation, and evaluation. The assessment showed that the mother was experiencing nausea and vomiting with objective findings of CED (LILA 23 cm, weight 44.5 kg, height 158 cm, BMI 17.5 kg/m²). Interventions provided included counseling on nutritional needs and strategies to reduce nausea, advice on consuming dry biscuits before getting out of bed, administration of vitamin B6, and aromatherapy therapy, accompanied by collaboration with an obstetrician for pharmacological therapy and with a nutritionist to optimize daily nutritional fulfillment. Evaluation showed an increase in the mother's understanding of the importance of adequate nutritional intake and awareness of the risks if her condition is not treated. This proves that comprehensive and collaborative midwifery care according to professional standards can support maternal well-being and improve the quality of pregnancy in cases of nausea and vomiting with Chronic Energy Deficiency.

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