Collaboration Between Family and Healthcare Providers in the Management of Abortus Imminens: A Case Study from Jonggat District, Central Lombok

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Abstract. *Abortus imminens is a high-risk pregnancy condition that requires prompt management to maintain the pregnancy and prevent serious complications such as miscarriage. This study aims to analyze the assessment, diagnosis, intervention, and evaluation processes in midwifery care for a case of abortus imminens in Dusun Makam, Desa Jelantik, Kecamatan Jonggat, Kabupaten Lombok Tengah. Data were collected in a focused manner through direct approaches by a midwifery professional student, with the support of the patient, family, and local healthcare providers. The diagnosis was established based on subjective data, objective findings, and supporting examinations in accordance with midwifery theory. The main intervention involved education about the importance of bed rest and effective communication (KIE), carried out collaboratively with the patient and other healthcare personnel. Evaluation showed improvement in the pregnancy condition after the intervention. This study highlights the importance of accurate assessment, early intervention, and multidisciplinary cooperation in improving midwifery care outcomes for abortus imminens cases.*

Keywords: Abortus Imminens, Midwifery Care, Bed Rest, Education, Evaluation

1. INTRODUCTION

The success of maternal health programs can be measured through the Maternal Mortality Rate (MMR), which refers to the number of maternal deaths during pregnancy, childbirth, and the postpartum period caused by pregnancy-related factors or their management, excluding external causes such as accidents, per 100,000 live births (Kemenkes RI, 2019, as cited in Ardenela, 2020).

According to WHO data, abortion accounts for approximately 15–50% of all maternal deaths. The incidence of abortion tends to be higher in developing countries than in developed ones. In Southeast Asia, an estimated 4.2 million abortion cases occur annually. In Indonesia alone, the estimated number of abortions reaches 2.3 million cases per year (WHO, 2019; Citra, 2020).

One of the most common complications during pregnancy is bleeding. Bleeding can occur at any gestational age, and in early pregnancy, it is often associated with abortion. Abortion is defined as the termination of pregnancy before the fetus reaches a weight of 500 grams or gestational age of less than 22 weeks, at which point the fetus is not viable outside

the womb. Bleeding due to abortion can lead to serious complications such as anemia, shock, and even death.

The causes of abortion or early pregnancy loss are varied and often multifactorial. Contributing factors include genetic abnormalities, congenital uterine malformations, autoimmune disorders, luteal phase defects, infections, hematologic disorders, and environmental influences (Prawirohardjo, 2019).

Abortion cases are managed through medical approaches in accordance with established protocols; however, in some regions, traditional methods administered by birth attendants (dukun beranak) are still practiced. These practices are found both in urban and rural areas.

Given the data and current conditions, it is evident that cases of threatened abortion (abortus imminens) are increasing and require special attention due to their potential for severe complications and maternal death. Therefore, collaborative efforts between healthcare providers and families are crucial, especially in areas with limited access to health services.

2. METHODE

This study employs a qualitative descriptive approach, aiming to describe the form of midwifery care and family social support provided to pregnant women with mild anemia in the third trimester. This approach was chosen because it allows the researcher to explore the subjective experiences of pregnant women and the role of the family in supporting the pregnancy. The study was conducted in Dusun Labulia, Labulia Village, Jonggat Subdistrict, Central Lombok Regency, from March to April 2024.

The subjects of this study were third-trimester pregnant women diagnosed with mild anemia, living with their families and receiving midwifery care from healthcare providers in the area. The primary informants were the pregnant women themselves, while triangulation informants included family members (husbands, parents), and the midwives providing care. Inclusion criteria included third-trimester pregnant women with hemoglobin levels between 10 and 10.9 g/dL, who were willing to participate and able to communicate effectively. Exclusion criteria involved pregnant women with other medical complications or communication disorders.

Data collection was conducted through in-depth interviews guided by semi-structured interview questions, participatory observation of midwifery practices and family support, and documentation studies from maternal and child health (MCH) books and hemoglobin lab results. The main instrument in this research was the researcher, supported by interview guides, observation sheets, and voice recording devices, with the informed consent of the participants. Data were analyzed using thematic analysis, beginning with transcribing the interviews, coding

the data, grouping the codes into themes, and drawing conclusions. To ensure data validity, source triangulation, member checking with participants, and peer debriefing with colleagues were employed to review the analysis results.

3. RESULT AND DISCUSSION

a. Results

1) Client Identity

The assessment was conducted on December 30, 2024, for a pregnant woman named Mrs. "R", 37 years old. She is of Sasak ethnicity, Muslim, married, and works as a housewife. She resides in the Makam area. This is her second pregnancy (G2P1A0H1), and the current gestational age is 6 weeks and 3 days based on her last menstrual period (LMP). The client came to the health service with complaints of light vaginal bleeding for the past three days, accompanied by mild lower abdominal pain.

2) Menstrual and Pregnancy History

Mrs. "R" had her menarche at the age of 13, with a regular cycle every 28 days and menstruation lasting 7–8 days. Her LMP was recorded as November 16, 2024, making her estimated due date (EDD) August 23, 2025. She has not felt fetal movements yet and is worried about the viability of her pregnancy. During this pregnancy, she has experienced nausea and vomiting but has not had further check-ups for the second and third trimesters. She completed her tetanus immunization in her previous pregnancy.

3) Family Planning History and Support

Before this pregnancy, Mrs. "R" used a 3-month injectable contraceptive for 18 years. She receives full emotional and physical support from her husband and family, who actively participate in decision-making regarding her pregnancy care.

4) Basic Needs Fulfillment

Mrs. "R" reported a decreased appetite since becoming pregnant, eating only two meals a day instead of the usual three. Her diet includes rice, fish, chicken, tempeh, vegetables, and legumes. She drinks 6–8 glasses of water per day. Bowel movements occur 1–2 times daily, and she urinates 6–7 times a day. Her sleep pattern is adequate, with 6–7 hours of sleep at night and 1–2 hours during the day. Physical activity remains within normal limits, though it has been reduced due to her current complaints.

5) Objective Examination

On physical examination, the client was alert (compos mentis) and emotionally stable. Her pre-pregnancy weight was 45 kg, now decreased to 42 kg. She is 150 cm tall, with an upper arm circumference (MUAC) of 24 cm. Vital signs showed a blood pressure of 90/60 mmHg, pulse 84 bpm, respiration 20 times per minute, and temperature 36.5°C. No abnormalities were found in the head-to-toe physical examination. Vaginal examination showed light bleeding (spotting) with no cervical dilation.

6) **Supporting Examinations**

Laboratory results indicated a hemoglobin level of 11 g/dL, negative proteinuria, and blood type B. HIV and syphilis screening were non-reactive. Ultrasound examination had not yet been performed at the time of initial assessment.

7) **Data Analysis**

Based on the subjective and objective findings, the midwifery diagnosis established was Mrs. "R" with a 6-week-3-day pregnancy experiencing *threatened abortion* (abortus imminens). The identified problems include lower abdominal pain and light vaginal bleeding. Midwifery needs include providing education on the causes and management of symptoms, as well as warning signs during the first trimester. A potential diagnosis is *inevitable abortion* (abortus insipiens) if symptoms worsen. A collaborative problem involves referring the client to an obstetrician for ultrasound and further management.

8) **Midwifery Care Plan (December 30, 2024)**

The care plan includes explaining the examination results to the client and family, offering emotional support, and recommending complete bed rest to prevent the progression of abortion. Additional interventions include administering IV fluids (RL 500 ml), prescribing iron tablets and vitamins, and educating the client on first-trimester pregnancy danger signs. The client is advised to undergo an ultrasound at a referral facility and return for a follow-up visit in three days.

9) **Implementation of Care**

Care was implemented at 09:10 WITA. The client received education regarding her diagnosis of threatened abortion and the importance of strict bed rest. An IV infusion of RL 500 ml was administered, along with iron and vitamin B6 supplements. She was advised to avoid heavy activities and was encouraged to remain calm and follow up as scheduled.

10) **First Day Evaluation**

The first evaluation was conducted at 09:35 WITA. The client reported understanding the information provided and agreed to follow the recommendations, including bed rest. No additional complaints were noted, and her general condition remained stable with normal vital signs.

11) Second Day Evaluation – December 31, 2024

A follow-up evaluation was conducted on December 31, 2024, at 08:00 WITA. The client still experienced spotting and mild abdominal pain but reported adherence to bed rest and medication. Her general condition remained within normal limits, and she appeared alert and emotionally stable.

12) Continued Care Plan

The continued care plan on December 31, 2024, included advising the client to maintain complete bed rest for the next three days and to undergo an ultrasound as soon as possible. Medications prescribed were paracetamol 500 mg (3 times a day), iron tablets 60 mg (once a day), vitamin C 1000 mg (once a day), and vitamin A (once a day). The client received further education on pregnancy warning signs and the importance of follow-up care.

b. Discussion

The basic data in this case were collected in a focused manner by a midwifery professional student from the Midwifery Department at Qamarul Huda University, Bagu, with emphasis on the problems experienced by Mrs. "R". This approach aims to ensure that the interventions implemented are targeted and appropriate to the patient's condition. The data collection process ran smoothly because Mrs. "R", her family, and the midwives in Dusun Makam, Jelantik Village, Jonggat District, Central Lombok Regency, were willing to provide information openly. This greatly facilitated and expedited a comprehensive assessment process.

In establishing a midwifery diagnosis, the student referred to the basic concept that diagnosis must be based on subjective data (anamnesis), objective data (physical examination), and supporting examinations (laboratory tests). Diagnosis is typically identified by the midwife by focusing on the actual condition experienced by the client, while the problem is related to how the client expresses her complaints. Based on the data collected, the student established the diagnosis of G2P1A0H1 with threatened abortion (abortus imminens), supported by both subjective and objective data. At this stage, no significant gaps were found between theory and field conditions, as the signs and symptoms experienced by Mrs. "R" corresponded with existing theoretical references.

The assessment results showed no significant difference between the potential problems found in theory and those identified in Mrs. "R's" case. Potential problems that may arise in pregnancies complicated by abortus imminens can be predicted and recognized early. In this case, the midwife prepared an anticipatory plan for possible worsening conditions, such as inevitable abortion (abortus insipiens), if not properly managed.

As an initial step, the student provided counseling or Communication, Information, and Education (CIE) on how to manage abortus imminens, with particular emphasis on the importance of bed rest or total rest. This intervention was given promptly to prevent further deterioration of the pregnancy condition.

Within the framework of midwifery management, planning is the process of developing actions based on problem identification and potential complications. The care plan must have clear objectives and measurable success criteria. For Mrs. "R", the care plan focused on providing education about managing abortus imminens through bed rest as the main strategy to maintain the pregnancy.

Midwifery care was implemented according to the pre-established plan. Actions were carried out oriented towards the client's needs and involved collaboration with other healthcare workers, naturally with the client's consent. During implementation, the student encountered no significant obstacles, as all interventions were designed according to the client's needs and supported by Mrs. "R's" cooperative attitude, demonstrating acceptance and active participation in the care process.

Evaluation is the final stage in midwifery management aimed at assessing the effectiveness of the care provided. In this case evaluation, the student found no problems or gaps. The evaluation results showed improvement, where initially Mrs. "R" experienced threatened miscarriage (abortus imminens), but after receiving appropriate care, her pregnancy could still be maintained. This serves as an indicator of the success of the interventions carried out.

Abortus imminens is a pregnancy condition requiring prompt and accurate management to maintain the pregnancy and prevent further complications. Focused basic data identification and gathering information from the patient and surrounding environment are crucial first steps in the midwifery assessment process (Smith & Jones, 2020). A systematic approach helps midwives and other healthcare professionals formulate interventions tailored to the patient's needs, thus optimizing care outcomes.

The interpretation of basic data in making a diagnosis uses a combination of subjective data, objective data, and supporting examinations as standard procedures in midwifery practice (Brown et al., 2019). Diagnosing abortus imminens based on symptoms such as vaginal bleeding and abdominal pain, supported by physical examination, enables quick and appropriate interventions. Alignment between theory and practice underscores the importance of deep understanding of signs and symptoms of problematic pregnancies for healthcare providers.

Immediate actions including patient education (CIE) and recommendations for bed rest have been shown to effectively reduce miscarriage risk in cases of abortus imminens (Lee et al., 2021). The study by Lee et al. (2021) revealed that clear communication and comprehensive education improve patient compliance with medical advice, thereby improving pregnancy prognosis. Therefore, effective communication between midwife and patient is key to successful midwifery care.

Implementation of care that focuses on patient needs and multidisciplinary collaboration contributes to care success (Johnson & Miller, 2018). Active patient involvement in the care process fosters respect and cooperation, ensuring that interventions proceed as planned. Multidisciplinary teamwork also minimizes obstacles during midwifery care.

The final evaluation showed significant improvement in Mrs. "R's" pregnancy condition after receiving appropriate care. This aligns with studies emphasizing the importance of periodic evaluation to assess intervention effectiveness and determine subsequent management steps in cases of abortus imminens (Davis et al., 2022). Hence, evaluation not only concludes the care process but also forms the basis for better follow-up actions.

4. CONCLUSION

The conclusion that can be drawn is that the success of maternal health programs heavily depends on the reduction of maternal mortality, measured by the Maternal Mortality Rate (MMR). Threatened abortion (abortus imminens) is a significant contributor to maternal deaths, especially in developing countries like Indonesia, where the incidence of abortion remains high. Major complications from abortion, such as bleeding in early pregnancy, require prompt and appropriate management to prevent severe outcomes, including death. The causes of abortion are multifactorial, so medical interventions must be comprehensive and integrated. Collaboration between healthcare providers and families is crucial, especially in areas with

limited access to health services, to optimize care and prevent adverse risks for pregnant women.

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