Artikel Sumaifa

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A Case Study Approach to Families Risk of Hyperemesis Gravidarum: Community Midwifery Care

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Abstract

Pregnancy is a physiological process that can be accompanied by various physical and psychological changes in pregnant women. One of the most common complaints in the first trimester is nausea and vomiting called hyperemesis gravidarum. Hyperemesis gravidarum remains a maternal health problem that requires serious attention because it can increase the risk of pregnancy complications if not handled properly. This study aims to assess and provide Midwifery Care to families at risk of hyperemesis gravidarum. The method used in this study is a qualitative study with an exploratory case study approach to explore and family perspectives on health services in depth with certain practices and focus on one specific case comprehensively. Informants/families to be interviewed were selected through sampling with sampling characteristics based on the sample that emerged or purposive sample selection based on certain criteria (pregnant women at risk of hyperemesis gravidarum). Data collection was carried out through observation, interviews, physical examinations, and home visits. The results of the study showed that Mrs. R experienced hyperemesis gravidarum. The conclusion, Mrs. R experienced excessive nausea and vomiting which indicated that Mrs. R was at risk of hyperemesis gravidarum, so that holistic midwifery services were needed and could be handled quickly and appropriately.

Keywords: *Case Study*, *Midwifery Care, Community, Hyperemesis Gravidarum*

INTRODUCTION

Pregnancy is a physiological process that can be accompanied by various physical and psychological changes in expectant mothers. One of the most common complaints in the first trimester is nausea and vomiting. While most symptoms are mild and tolerable, under certain conditions, these symptoms can develop into hyperemesis gravidarum, a condition characterized by excessive nausea and vomiting that can potentially lead to dehydration, electrolyte imbalances, weight loss, and negative impacts on the health of both mother and fetus (Terävä-Utti et al., 2025; Sumaifa & Nur, 2024; Estefani et al., 2025).

Hyperemesis gravidarum is still a maternal health problem that requires serious attention because it can increase the risk of pregnancy complications if not treated properly(Filip et al., 2023). Risk factors for hyperemesis gravidarum include the mother's psychological condition, lack of family support, nutritional status, parity, and social and cultural factors (Wardani & Wijaya, 2025). In the context of community midwifery, the role of the family has a very important influence in supporting the health of pregnant women, especially in recognizing danger signs, providing emotional support, and helping to fulfill the mother's nutritional and rest needs (Riza et al., 2025; Capper & Downer, 2026).

According to WHO data, the global maternal mortality rate in 2022 was 216 per 100,000 live births, or approximately 303,000 maternal deaths, with the highest rate in developing countries at 302,000. The maternal mortality rate in developing countries is 20 times higher than the maternal mortality rate in developed countries, which in 2015 was 239 per 100,000 live births (World Health Organization, 2022). Indonesia's maternal mortality rate is among the highest among ASEAN countries, while the 2022 Indonesian Demographic and Health Survey (PJS) shows that the maternal mortality rate in Indonesia remains relatively high, at 359 per 100,000 live births. This data represents the maternal mortality target according to the Sustainable Development Goals (SDGs), which is 70 per 100,000 live births by

2030(Kemenkes RI, 2022).

According to the Ministry of Health (2021) profile, the five leading causes of maternal death in Indonesia are hemorrhage (30.3%), hypertension during pregnancy (27.1%), infection (7.3%), prolonged/obstructed labor (1.8%), and abortion (1.6%). Hyperemesis gravidarum (HG) occurs in 14.8% of cases, but in South Sulawesi alone, the figure reaches 17.2%. This data was obtained during antenatal care. Therefore, it is crucial to provide health care to pregnant women in a community, one of which is through community midwives.

Community midwifery is the basic concept of midwives serving families, groups and communities in a particular area (Cross-Sudworth et al., 2024). With community midwifery, midwives serve families, groups, and communities outside of hospitals and community health centers (Khan et al., 2026). This service represents midwives as implementers of midwifery services, and community midwifery as a form of midwifery technology services which are influenced by various factors, such as the environment and various characteristics of these elements (Muslim & Ismiati, 2025; Lloyd et al., 2023; Yulizawati et al., 2023)

The community midwifery service approach emphasizes promotive and preventive care by involving families and communities as primary partners in efforts to maintain maternal and infant health (Monteblanco, 2021; Laila et al., 2024). This approach focuses not only on clinical treatment, but also on health education (Jacobsen et al., 2022), family empowerment, as well as strengthening the role of the surrounding environment in supporting healthy pregnancies (Dube et al., 2023; Catling et al., 2025).

In families at risk of hyperemesis gravidarum, a community midwifery approach is very relevant to prevent worsening of the condition through early detection, continuous monitoring, and family-based interventions (Fogh et al., 2025; Wistuti & Haryanti, 2025; Okiki et al., 2023). However, in practice, families still have limited understanding of hyperemesis gravidarum, including initial management and the importance of psychosocial support for pregnant women. This highlights the need for a comprehensive and contextual approach to community midwifery services tailored to the family's circumstances and living environment (van Wijngaarden et al., 2024; Olajide & Duma, 2024)

The novelty of this research lies in the application of a case study approach in community midwifery care that focuses on families at risk of hyperemesis gravidarum, through the integration of preventive aspects, family support, and socio-cultural context, which has not been widely studied in previous research that tends to be clinical and individual in nature.

Based on this background, a case study on the community midwifery service approach to families at risk of hyperemesis gravidarum is important to provide a real picture of the implementation of holistic, sustainable, and family-oriented midwifery care (Dolofu & Nasrawati, 2023). This case study is expected to be a reference for midwives and health workers in improving the quality of community midwifery services and preventing complications of hyperemesis gravidarum in pregnant women (Smith et al., 2023).

RESEARCH METHOD

This study uses a Qualitative Study method with an exploratory case study approach to explore and family perspectives on health services in depth with certain practices and focus on one specific case comprehensively (Wardani & Wijaya, 2025).

The informants/families to be interviewed were selected through sampling with sampling characteristics including: (1) Emerging sampling design; (2) deliberate sample selection based on certain criteria (pregnant women at risk of hypertension); (3) Adapted to needs (van Wijngaarden et al., 2024). The research subjects were Mr. H's family in Sungitangga II Hamlet, Pa' Bentengang Village, Bajeng District, Gowa Regency. Data collection was conducted through observation, interviews, physical examinations, and home visits, followed by monitoring and evaluation for 1 month on Mrs. R at risk of hyperemesis gravidarum. Data

analysis was conducted qualitatively based on the case of hyperemesis gravidarum experienced by Mrs. R.

RESULTS AND DISCUSSION

The results of a case study regarding Mr. H's family, where Mrs. R is pregnant and experiencing hyperemesis gravidarum (HG). The following are the results of observations, interviews, and examinations of Mr. H and Mrs. R's families, which are presented in Table 1.

Table 1. Data from observations, interviews, examinations and evaluations of Mr. H and Mrs. R's family with hyperemesis gravidarum

Type of activity	Question	Case Analysis Results
Family identity	1. What is the name of the head of the family? 2. How old is he/she? 3. How many people are in the family? What 4. is his/her occupation? 5. What is his/her religion? 6. What is the family income range?	This study was conducted on January 25, 2025, at 13.20 WITA at Mr. H's house in Dusun Sungitangga II, Pa'bentengang Village, Bajeng District, Gowa Regency. The head of the family is Mr. H, a 35-year-old man who works as a private employee with an income of around Rp. 3,000,000 per month. He is from the Makassar tribe and is Muslim. His wife, Mrs. R, is 34 years old and works as a housewife. She has 2 sons, aged 14 and 11, and a daughter aged 6.
Family type	1. What is Mr. H's family type? 2. How is harmony within the nuclear family? How 3. does the family interact with the community?	Mr. H's family is a nuclear family consisting of a father who is the most dominant in decision making, a mother and her three children who are responsible for one house. This family relationship is good and harmonious, and in the environment their social interactions with the community are good.
Daily activities	1. What is your family's personal hygiene like? 2. What are your eating habits? 3. What are your family's rest habits like?	Family hygiene is good, bathing 2x a day using soap and brushing teeth 3x a day using toothpaste. Change clothes 2x a day and wash your hair 3x a week using shampoo, staple food diet consists of rice, side dishes, vegetables and sometimes eating fruit. With a meal frequency of 3x a day,

		Rest habits and sleep habits are less regular, especially during the day, while night rest usually sleeps at 21.00 WITA and wakes up in the morning at 05.00 WITA all members are the same with their rest habits
Socio-economic and cultural factors	1. How does the nuclear family manage finances in the household?	Income and expenses managed are by the head of the family, who works as a private employee with a monthly income of 3,000,000 Rupiah. The husband's role is as the breadwinner and head of the family, while the wife manages all household affairs.
Environmental factors	1. Does the nuclear family occupy a private home? How 2. do they meet their daily needs? What 3. are the hygiene conditions in the family environment?	The family occupies its own house, the permanent form of the house and the construction is made of stone, the family's drinking water source is taken from a dug well, while for daily needs such as bathing and washing also from well water, Wastewater Disposal Facilities (SPAL) are disposed of behind the house and do not cause waterlogging. The family has a trash can which is then burned.
Health History	1. What is the family's health condition? 2. Does the family have a history of certain diseases?	The family's health history is generally good, the family has no history of chronic diseases, such as hypertension, asthma, heart disease, etc.
History of past and present pregnancies	1. What is Mrs. R's previous pregnancy history?	From the first pregnancy in 2009 to the third pregnancy in 2014, there were no complications and everything went normally.
~~Health problem~~ identification	~~1.What health problems~~ ariseduring pregnancy?	~~The health problem that arose~~ during NY R's pregnancy was hyperemesis gravidarum.

Intervention	1. What were the results of the H.'s intervention in Mr. H's family?	1. The initial intervention revealed that Mr. family agreed to undergo an assessment and examination. 2. Subsequently, all members of Mr. H.'s family were examined and the results showed that Mr. H's family was in good health. However, Mrs. R, Mr. H's wife, was pregnant and experiencinghyperemes gravidarum. 3. The subsequent intervention focused on Mrs. R and was monitored for one month regarding the development of the pregnant woman's health, particularly Mrs. R's hyperemesis gravidarum.
Evaluation	1. What are the results of the NY R Evaluation?	After a month of intervention, Mrs. R was still experiencing excessive nausea and vomiting (Hyperemesis Gravidarum). Therefore, based on the evaluation, education was provided on danger signs in pregnancy and it was recommended to go to the nearest Health Service (Community Health Center/Hospital) if Mrs. R could not manage her hyperemesis gravidarum.

Discussion

Observations conducted on Mr. H's family indicate that the family is generally healthy. However, Mr. H's wife, Mrs. R, is pregnant and experiencing excessive nausea and vomiting. Mrs. R's symptoms indicate that she is suffering from hyperemesis gravidarum. This is consistent with research conducted by (O'Brien et al., 2024) Hyperemesis Gravidarum (HG) is a severe form of nausea and vomiting during pregnancy that affects 0.3–3% of women and has profound nutritional, physical, and psychological consequences. Hyperemesis Gravidarum affects women's health physically, psychologically, and socioeconomically, and they reveal the need for recognition from families and health care providers (Lindgren et al., 2025). Therefore, initial counseling was carried out by researchers to anticipate nausea and vomiting by providing examples of small but frequent meal portions and foods that do not trigger nausea and vomiting such as eating apples, watermelon, bananas and foods such as eggs, nuts, and signs of pregnancy danger.

Mrs. R was then monitored the following week. The results showed that Mrs. R understood and followed the midwife's instructions, and her condition began to show some improvement in her nausea and vomiting. A physical examination and vital signs were performed, with results indicating normal conditions. This also aligns with research conducted by (Lindgren et al., 2025) shows that if you experience hyperemesis gravidarum, you must pay attention to your diet but still pay attention to fulfilling your nutritional needs, so that you can reduce excessive nausea and vomiting.

After 3 weeks of intervention related to Mrs. R's nausea and vomiting, there was a slight change in nausea and vomiting, which no longer occurred at night, only in the morning and afternoon, nausea and vomiting still frequently occurred and if there was food in the body. Research by (Cross-Sudworth et al., 2024) and Yunita et al., (2025) The results also showed that intervention planning took into account resources, funding, implementation time, and the priority of health issues at the family and individual levels. In accordance with the identified health issues, health promotion activities focused on counseling using brochures were conducted.

Further evaluation showed that the excessive nausea and vomiting had begun to subside, and the family was encouraged to maintain a healthy lifestyle and have regular prenatal checkups. The study showed that Mrs. R's excessive nausea and vomiting were her primary complaints, a common occurrence in pregnant women, but if not properly managed, these complaints can have fatal consequences, requiring midwives to provide obstetric care to pregnant women Sumaifa et al., 2024 and Downing et al., 2023, Based on a case study on Mrs. R with complaints of excessive nausea and vomiting resulting in loss of appetite, obtained from the results of the patient's anamnesis, where pregnant women experience nausea and vomiting but not excessively, where Hyperemesis Gravidarum is a normal symptom and is often found in early pregnancy in the first trimester. Nausea usually occurs in the morning, but can also occur at any time and at night, this is supported by previous research which shows that obstetric services for pregnant women with Hyperemesis Gravidarum Level 1(Morrin et al., 2025) and (Fogh et al., 2025). During the development of the intervention plan, intervention preparation continues, such as providing educational materials in the form of brochures. The intervention includes counseling on healthy eating habits and recognizing the signs of pregnancy. Although there has been a change in Mrs. R's condition, further evaluation is still needed and several studies show that pregnant women should remain alert to complaints of hyperemesis gravidarum. Olajide & Duma, 2024) dan Siska et al., 2023; Therefore, Mrs. R is advised to remain calm and overcome nausea and vomiting by

avoiding foods that trigger nausea and consuming nutritious foods in small portions regularly.

CONCLUSION

This conclusion indicates that Mr. H's family is generally in good health. However, Mrs. R is currently pregnant and experiencing excessive hyperemesis gravidarum. However, nausea and vomiting are common during pregnancy. Therefore, Mrs. R requires special treatment to prevent persistent nausea and vomiting, thus preventing complications during pregnancy. This counseling plays a crucial role in understanding danger signs in pregnancy. This research is expected to serve as a reference for community midwifery practice and provide input to the community, especially pregnant women, so that it can provide input for health workers to provide better community midwifery care. Pregnant women are also advised to have regular pregnancy check-ups at health service facilities.

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