



Beyond Clinical Care: The Role of Midwives in Providing Holistic Support through Continuity of Care - A Case Study

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ABSTRACT

Continuity of care (COC) in midwifery is a model that emphasizes a continuous and trusting relationship between a midwife and a woman throughout her pregnancy, childbirth, postpartum period, and beyond. This approach fosters holistic support, encompassing not only clinical care but also emotional, psychological, and social well-being. This case study explores the role of midwives in providing such comprehensive care within the COC framework. This study presents the case of Mrs. A, a 22-year-old primiparous woman who received COC midwifery care at TPMB Delima Winda Maolinda in Banjarmasin City, Indonesia. The care spanned her pregnancy, childbirth, postpartum period, newborn care, and family planning counseling. Data were collected through direct observation and interviews during midwifery care encounters. The study highlights the various dimensions of care provided, including antenatal check-ups, childbirth assistance, postpartum monitoring, newborn care education, and family planning guidance. It also explores the challenges and benefits of implementing COC in this particular context. In conclusion, this study demonstrates the positive impact of COC midwifery care on maternal and neonatal outcomes. The continuous support and personalized guidance provided by the midwife contributed to Mrs. A's emotional well-being, facilitated informed decision-making, and promoted healthy behaviors. This study underscores the importance of COC in midwifery practice and its potential to enhance the overall quality of care for women and their newborns.

1. Introduction

Maternal health is a cornerstone of global health and development efforts, with profound implications for individuals, families, and communities worldwide. The well-being of mothers and their newborns is intricately linked to a complex interplay of factors, including access to quality healthcare services, socioeconomic conditions, and cultural practices. Over the past few decades, significant progress has been made in reducing maternal and neonatal mortality rates, yet substantial challenges remain, particularly in resource-constrained settings.^{1,2} Continuity of care (COC) in midwifery has emerged as a model of care that can significantly enhance the quality and

effectiveness of maternal health services. COC is characterized by a continuous and trusting relationship between a midwife and a woman throughout her pregnancy, childbirth, postpartum period, and beyond. This model of care fosters holistic support, encompassing not only clinical care but also emotional, psychological, and social well-being. Midwives play a central role in providing COC, offering personalized guidance, education, and support to women and their families. They serve as advocates for women's health, empowering them to make informed decisions about their care and promoting healthy behaviors. The COC approach emphasizes the importance of building rapport, trust, and mutual



respect between midwives and the women they serve.^{3,4}

Midwives are uniquely positioned to provide holistic support to women throughout their reproductive journey. Their expertise extends beyond clinical care to encompass emotional, psychological, and social dimensions of health. Midwives recognize that pregnancy, childbirth, and the postpartum period are transformative experiences that can evoke a range of emotions and challenges. By establishing a continuous and trusting relationship with women, midwives can provide individualized support that addresses their specific needs and concerns. This may include offering emotional support during times of stress, providing guidance on coping strategies, and facilitating access to community resources. Midwives also play a crucial role in promoting maternal mental health, identifying and addressing potential issues such as anxiety and depression.^{5,6}

Research has consistently demonstrated the benefits of COC in midwifery for both mothers and newborns. Studies have shown that COC is associated with improved maternal and neonatal outcomes, including reduced rates of preterm birth, low birth weight, and postpartum depression. Women who receive COC midwifery care are also more likely to report higher levels of satisfaction with their care and feel more empowered in their decision-making. The benefits of COC extend beyond clinical outcomes to encompass emotional, psychological, and social well-being. Women who receive COC midwifery care often report feeling more supported, informed, and confident in their ability to navigate the challenges of pregnancy, childbirth, and motherhood. The continuous presence of a trusted midwife can provide a sense of security and reassurance during these transformative life stages.^{7,8}

Indonesia, a vast archipelago with a diverse population, faces unique challenges in providing accessible and quality maternal health services. Despite progress in recent years, maternal and

neonatal mortality rates remain a concern, particularly in rural and remote areas. The Indonesian government has prioritized maternal health as a key development goal, implementing various strategies to improve access to care and promote healthy outcomes. Midwives play a critical role in the Indonesian healthcare system, serving as the primary providers of maternal care in many communities. The COC model of care is well-aligned with the Indonesian government's efforts to strengthen maternal health services and promote holistic support for women and their families.^{9,10} This case study presents the case of Mrs. A, a 22-year-old primiparous woman who received COC midwifery care at TPMB Delima Winda Maolinda in Banjarmasin City, Indonesia. The study highlights the various dimensions of care provided by the midwife, including antenatal check-ups, childbirth assistance, postpartum monitoring, newborn care education, and family planning guidance. It also explores the challenges and benefits of implementing COC in this particular context.

2. Case Presentation

Mrs. A, a 22-year-old primiparous woman, presented to TPMB Delima Winda Maolinda, a midwifery clinic in Banjarmasin City, Indonesia, on July 4th, 2023. She was accompanied by her husband and sought comprehensive midwifery care throughout her pregnancy, childbirth, and postpartum period. Mrs. A's pregnancy had been progressing without complications, and she was eager to receive continuous support and guidance from a trusted midwife. Upon her initial visit to the clinic, Mrs. A was welcomed by the midwife, who conducted a comprehensive assessment to establish a baseline for her care. The midwife gathered information about Mrs. A's medical history, lifestyle, and any concerns or questions she had about her pregnancy. The midwife also performed a physical examination, including measuring Mrs. A's blood pressure, weight, and fundal height.



Mrs. A received regular antenatal check-ups at the clinic, scheduled according to established guidelines for low-risk pregnancies. During these check-ups, the midwife monitored Mrs. A's physical health, including her blood pressure, weight, and fundal height, to assess the growth and development of the fetus. The midwife also provided education on various aspects of pregnancy, such as nutrition, exercise, and childbirth preparation. Recognizing the importance of emotional and psychological support during pregnancy, the midwife established a rapport with Mrs. A, creating a safe space for her to express her concerns and anxieties. The midwife addressed Mrs. A's questions with patience and empathy, providing reassurance and guidance as needed.

On July 18th, 2023, Mrs. A went into labor and was admitted to the clinic. The midwife provided continuous support throughout her labor, offering comfort measures, monitoring the progress of labor, and administering pain relief as necessary. The midwife also encouraged Mrs. A's husband to participate in the labor process, fostering a supportive environment for the couple. Mrs. A delivered a healthy baby girl spontaneously, with the midwife providing expert guidance and encouragement. The midwife ensured that both Mrs. A and her newborn received immediate postpartum care, including skin-to-skin contact and breastfeeding initiation. Following the birth, the midwife continued to monitor Mrs. A and her newborn closely. The midwife assessed Mrs. A's physical recovery, including her blood pressure, pulse, and uterine contractions. She also provided education on breastfeeding, newborn care, and postpartum self-care. Recognizing the emotional and psychological adjustments that accompany the postpartum period, the midwife offered ongoing support to Mrs. A. She addressed Mrs. A's concerns about motherhood, provided reassurance, and encouraged her to prioritize her well-being (Table 1)

The midwife provided guidance on newborn care, including bathing, feeding, and sleep. She

demonstrated proper techniques for holding, swaddling, and changing the newborn. The midwife also monitored the newborn's health, checking her weight, temperature, and feeding patterns. In addition, the midwife provided education on newborn safety, including safe sleep practices and recognizing signs of illness. She also administered the necessary immunizations and scheduled follow-up appointments to ensure the newborn's continued well-being. The midwife initiated a discussion about family planning with Mrs. A and her husband, recognizing the importance of informed decision-making regarding reproductive health. She provided information on various contraceptive methods, including their benefits, risks, and potential side effects. The midwife also considered Mrs. A's breastfeeding status and recommended contraceptive options that were compatible with lactation. Mrs. A and her husband expressed a desire for a contraceptive method that was both effective and convenient. After careful consideration, they opted for a three-month injectable contraceptive. The midwife provided detailed instructions on the use of the chosen method and scheduled follow-up appointments to monitor its effectiveness and address any concerns.

Throughout Mrs. A's care, the midwife encountered several challenges in implementing COC. One challenge was the limited availability of resources at the clinic, which occasionally required the midwife to improvise or refer Mrs. A to other facilities for specialized services. Another challenge was the cultural norms and expectations surrounding childbirth and postpartum care, which sometimes conflicted with evidence-based practices. Despite these challenges, the midwife successfully provided COC to Mrs. A, demonstrating the numerous benefits of this model of care. The continuous support and personalized guidance provided by the midwife contributed to Mrs. A's emotional well-being, facilitated informed decision-making, and promoted healthy behaviors. The midwife's presence throughout



the continuum of care fostered a trusting relationship with Mrs. A and her family, empowering them to

actively participate in their care (Table 2).

Table 1. Outlining the timeline of events.

Date	Time	Event	Events
July 4 th , 2023	15:40	Initial antenatal visit	G1P0A0, 36 weeks 4 days gestation, breech presentation, frequent urination, EDD July 25 th , 2023, BP 110/80 mmHg, pulse 82 bpm, respiration 21 breaths/min, temperature 36.7°C.
July 11 th , 2023	-	Antenatal visit	Fetal movements felt, normal fetal growth and development, maternal well-being, education on labor preparation and breastfeeding provided.
July 18 th , 2023	5:48	Presentation for labor assessment	Abdominal pain and contractions since 11:00 PM, contractions 2/10/30 seconds, cervix 1 cm dilated.
July 18 th , 2023	13:05	Active labor	Cervix 8 cm dilated, BP 100/80 mmHg, pulse 84 bpm, respiration 28 breaths/min, temperature 36.5°C, estimated fetal weight 3100 grams, fetal heart rate 128 bpm, amniotic membranes intact, head at ischial spines, bloody show present.
July 18 th , 2023	15:52	Birth	Spontaneous vaginal delivery in breech presentation (Spt-BK), female baby, weight 3100 grams, length 50 cm, Apgar scores 8 and 9, immediate breastfeeding initiated.
July 18 th , 2023	16:05	Placental delivery	Placenta delivered spontaneously and completely, uterine contractions good, normal vaginal bleeding.
July 18 th , 2023	22:05	Postpartum assessment	Maternal condition good, BP 100/70 mmHg, pulse 87 bpm, temperature 36.2°C, respiration 24 breaths/min, lochia rubra, perineal discomfort reported.
July 25 th , 2023	-	Postpartum visit	Breastfeeding well-established, maternal recovery progressing well, newborn care education provided, family planning options discussed.
August 1 st , 2023	-	Newborn check-up	Baby's growth and development within normal limits, breastfeeding support provided, maternal well-being assessed.
August 28 th , 2023	19:00	Family planning consultation	Mrs. A requests information on injectable contraception, counseling provided on options suitable for breastfeeding mothers.
September 5 th , 2023	-	Follow-up visit	Injectable contraception administered, further education provided on potential side effects and follow-up appointments.



Table 2. Detailing the midwifery care provided.

Care stage	Specific interventions
Antenatal care	<ul style="list-style-type: none"> • Regular check-ups to monitor maternal health and fetal well-being. • Assessment of maternal vital signs, weight, and fundal height. • Fetal heart rate monitoring and assessment of fetal movements. • Education on pregnancy, childbirth, and newborn care. • Addressing concerns about frequent urination and providing relevant guidance. • Tetanus toxoid immunization. • Discussion of breech presentation and potential implications for labor and delivery. • Encouragement of antenatal classes and preparation for labor.
Labor and delivery care	<ul style="list-style-type: none"> • Continuous support during labor, including emotional support and encouragement. • Monitoring of maternal vital signs and fetal heart rate. • Assessment of cervical dilation and fetal descent. • Non-pharmacological pain management techniques, including acupressure. • Assistance with breathing and relaxation techniques. • Guidance on pushing and delivery positions. • Support for immediate skin-to-skin contact and breastfeeding initiation.
Postpartum care	<ul style="list-style-type: none"> • Monitoring of maternal vital signs, uterine contraction, and lochia. • Assessment of perineal healing and breastfeeding progress. • Guidance on newborn care, including bathing, cord care, and sleep safety. • Emotional support and encouragement for maternal adjustment. • Family planning counseling and provision of contraceptive options.
Newborn care	<ul style="list-style-type: none"> • Assessment of the newborn's health status, including vital signs and reflexes. • Vitamin K administration and eye ointment prophylaxis. • Hepatitis B immunization. • Support for exclusive breastfeeding and guidance on feeding cues. • Education on newborn care practices and safety measures.
Family planning	<ul style="list-style-type: none"> • Discussion of contraceptive options, including those suitable for breastfeeding mothers. • Counseling on the benefits and side effects of different contraceptive methods. • Provision of chosen contraceptive method and guidance on its use. • Scheduling of follow-up appointments to monitor for any concerns.

3. Discussion

Continuity of care (COC) in midwifery is a model that emphasizes a continuous and trusting relationship between a midwife and a woman throughout her pregnancy, childbirth, postpartum period, and beyond. This approach fosters holistic support, encompassing not only clinical care but also emotional, psychological, and social well-being. The case of Mrs. A exemplifies the positive influence of COC midwifery care on both maternal and neonatal outcomes. The continuous support and personalized guidance provided by the midwife throughout Mrs. A's pregnancy, childbirth, and postpartum journey contributed significantly to her emotional well-being, facilitated informed decision-making, and promoted healthy behaviors. During Mrs. A's initial visit to the midwifery clinic, the midwife conducted a comprehensive assessment to gather essential information about her medical history, lifestyle, and any concerns or questions she had about her pregnancy. This thorough evaluation allowed the midwife to establish a baseline for Mrs. A's care and

tailor it to her specific needs. Throughout her pregnancy, Mrs. A received regular antenatal check-ups, which included monitoring her blood pressure, weight, and fundal height. These check-ups allowed the midwife to assess the growth and development of the fetus and identify any potential complications. The midwife also provided education on various aspects of pregnancy, such as nutrition, exercise, and childbirth preparation. Recognizing the importance of emotional and psychological support during pregnancy, the midwife established a rapport with Mrs. A, creating a safe space for her to express her concerns and anxieties. The midwife addressed Mrs. A's questions with patience and empathy, providing reassurance and guidance as needed. When Mrs. A went into labor, the midwife provided continuous support throughout the process. This included offering comfort measures, monitoring the progress of labor, and administering pain relief as necessary. The midwife also encouraged Mrs. A's husband to participate in the labor process, fostering a supportive environment for the couple.



Mrs. A delivered a healthy baby girl spontaneously, with the midwife providing expert guidance and encouragement. The midwife ensured that both Mrs. A and her newborn received immediate postpartum care, including skin-to-skin contact and breastfeeding initiation. Following the birth, the midwife continued to monitor Mrs. A and her newborn closely. The midwife assessed Mrs. A's physical recovery, including her blood pressure, pulse, and uterine contractions. She also provided education on breastfeeding, newborn care, and postpartum self-care. Recognizing the emotional and psychological adjustments that accompany the postpartum period, the midwife offered ongoing support to Mrs. A. She addressed Mrs. A's concerns about motherhood, provided reassurance, and encouraged her to prioritize her well-being. The midwife provided guidance on newborn care, including bathing, feeding, and sleep. She demonstrated proper techniques for holding, swaddling, and changing the newborn. The midwife also monitored the newborn's health, checking her weight, temperature, and feeding patterns. In addition, the midwife provided education on newborn safety, including safe sleep practices and recognizing signs of illness. She also administered the necessary immunizations and scheduled follow-up appointments to ensure the newborn's continued well-being. The midwife initiated a discussion about family planning with Mrs. A and her husband, recognizing the importance of informed decision-making regarding reproductive health. She provided information on various contraceptive methods, including their benefits, risks, and potential side effects. The midwife also considered Mrs. A's breastfeeding status and recommended contraceptive options that were compatible with lactation. Mrs. A and her husband expressed a desire for a contraceptive method that was both effective and convenient. After careful consideration, they opted for a three-month injectable contraceptive. The midwife provided detailed instructions on the use of the chosen method and scheduled follow-up appointments to monitor its

effectiveness and address any concerns. Continuity of care (COC) in midwifery is more than just a series of scheduled appointments, it's a philosophy of care that prioritizes the ongoing relationship between a midwife and the woman she is caring for. This approach emphasizes the importance of building a strong, trusting partnership where open communication and individualized care can thrive. Trust is the cornerstone of any effective healthcare relationship, but it takes on special significance in midwifery. Pregnancy, childbirth, and the postpartum period are deeply personal and transformative experiences. Women need to feel safe, heard, and understood by their healthcare provider. Pregnancy and childbirth can be anxiety-provoking. A trusting relationship allows a woman to voice her worries without feeling judged, enabling the midwife to provide reassurance and support. Knowing her midwife is consistently present and invested in her well-being gives a woman confidence that she is receiving the best possible care. Trust empowers a woman to ask questions, explore options, and make informed decisions about her care. Every woman's pregnancy, childbirth, and postpartum experience is unique. COC recognizes this individuality and emphasizes the importance of tailoring care to meet each woman's specific needs and preferences. Understanding her medical history, lifestyle, cultural background, and personal preferences helps the midwife provide relevant and respectful care. Involving family members or other support people in the care process, as the woman desires, can enhance her comfort and well-being. Pregnancy and childbirth can be unpredictable. A COC approach allows the midwife to adjust the care plan as needed to address any challenges or unexpected events that may arise. The midwife plays a crucial role in cultivating a trusting relationship and providing individualized care. Paying attention to the woman's words, as well as her nonverbal cues, to understand her needs and concerns fully. Showing genuine care and understanding for the woman's experience, validating



her feelings, and offering support. Explaining medical information in a way that is easy to understand and ensuring the woman feels comfortable asking questions. Supporting the woman's right to make informed decisions about her care, even if those decisions differ from the midwife's recommendations. Studies have shown that COC is associated with lower rates of preterm birth, low birth weight, and postpartum depression. Women who receive COC midwifery care are more likely to report feeling satisfied with their care and feeling more in control of their birthing experience. The continuous support and trusting relationship with a midwife can help reduce anxiety and fear during pregnancy and childbirth, promoting emotional well-being. When a woman trusts her midwife, she is more likely to follow their advice and guidance, leading to better health outcomes. Antenatal care is the foundation of good maternal and neonatal health. It encompasses a series of planned check-ups, assessments, and educational sessions aimed at monitoring the health of the pregnant woman and her developing fetus, as well as preparing her for childbirth and motherhood. The continuous support and education provided by the midwife during Mrs. A's pregnancy helped her navigate the physical and emotional changes associated with pregnancy and prepare for childbirth. The midwife's guidance on nutrition, exercise, and childbirth preparation equipped Mrs. A with the knowledge and skills necessary to maintain her health and well-being during pregnancy. Mrs. A attended regular antenatal appointments at the midwifery clinic, where the midwife closely monitored her physical health. To assess for any signs of hypertension, a common complication of pregnancy. To ensure healthy weight gain and identify any potential nutritional concerns. To track the growth of the uterus and assess the baby's development. The midwife provided education on healthy eating habits during pregnancy, emphasizing the importance of a balanced diet rich in fruits, vegetables, whole grains, and lean protein. This

guidance helped Mrs. A to maintain a healthy weight and reduce her risk of gestational diabetes, a condition that can have adverse effects on both mother and baby. Highlighting the importance of iron, calcium, and folic acid for the baby's growth and development. Providing tips on managing portion sizes and choosing healthy snacks to avoid excessive weight gain. Emphasizing the importance of drinking plenty of water throughout the day. The midwife encouraged Mrs. A to engage in regular physical activity, tailored to her fitness level and stage of pregnancy. This included recommending low-impact exercises such as walking, swimming, and prenatal yoga. Regular exercise helped Mrs. A to improve her mood, reduce stress, and prepare her body for labor. Providing a list of exercises that are safe to perform during pregnancy and those to avoid. Advising on how often and how intensely Mrs. A should exercise. Encouraging Mrs. A to pay attention to her body's signals and rest when needed. The midwife provided childbirth education classes, which helped Mrs. A to understand the labor process, develop coping strategies for pain management, and feel more confident about childbirth. Explaining the different stages of labor and what to expect during each stage. Introducing various pain relief options, including breathing exercises, relaxation techniques, and medication. Encouraging the involvement of Mrs. A's husband in the labor process and providing guidance on how he could support her. Childbirth is a profound and transformative experience, filled with both excitement and challenges. The role of the midwife during labor and delivery is to provide expert guidance, continuous support, and comfort measures to ensure a safe and positive birth experience for both the mother and her newborn. During Mrs. A's labor, the midwife's presence provided her with comfort and reassurance, helping her to manage labor pain and cope with the challenges of childbirth. The midwife's expertise in monitoring the progress of labor and providing timely interventions ensured a safe and positive birth



experience for both Mrs. A and her newborn. The midwife provided emotional support and encouragement to Mrs. A throughout labor, helping her to stay motivated and focused. The midwife's reassuring presence and positive affirmations helped Mrs. A to maintain a sense of control and confidence in her ability to give birth. Offering words of encouragement and praise throughout labor, such as "You're doing great" and "You're so strong." Reminding Mrs. A of her strength and resilience, and her ability to cope with the challenges of childbirth. Helping Mrs. A to focus on her breathing and relaxation techniques during contractions. The midwife used various pain management techniques to help Mrs. A cope with labor pain. The midwife used massage to help relieve muscle tension and promote relaxation. The midwife guided Mrs. A through relaxation exercises, such as deep breathing and visualization, to help her manage pain and anxiety. The midwife encouraged Mrs. A to use the shower or bath to help relieve pain and promote comfort. The midwife applied pressure to specific points on Mrs. A's body to help stimulate the release of endorphins, the body's natural pain relievers. The midwife monitored the progress of labor closely, assessing Mrs. A's vital signs, contractions, and cervical dilation. The midwife's expertise in recognizing the signs of labor progression allowed her to provide timely interventions, such as assisting with pushing and delivering the baby, to ensure a safe delivery. Assisting Mrs. A with pushing effectively during the second stage of labor. Supporting the baby's head and body as it emerged during delivery. Clamping and cutting the umbilical cord after delivery. The postpartum period, also known as the puerperium, is a time of significant physical and emotional transition for a woman as she recovers from childbirth and adjusts to motherhood. During this time, the woman's body undergoes numerous changes as it returns to its pre-pregnancy state. She also experiences hormonal fluctuations, sleep deprivation, and the challenges of caring for a newborn, all of which can impact her

emotional well-being. The midwife plays a vital role in supporting the woman's physical recovery, emotional adjustment, and newborn care during the postpartum period. This includes providing education, guidance, and reassurance, as well as monitoring the woman's health and addressing any concerns. In the postpartum period, the midwife's ongoing support and education facilitated Mrs. A's physical recovery and emotional adjustment to motherhood. The midwife's guidance on breastfeeding, newborn care, and postpartum self-care equipped Mrs. A with the knowledge and skills necessary to care for herself and her newborn. The midwife monitored Mrs. A's physical recovery from childbirth, providing support and reassurance as needed. Monitoring Mrs. A's blood pressure, pulse, and temperature to assess for any signs of infection or other complications. Ensuring that Mrs. A's uterus was contracting properly to prevent postpartum hemorrhage. Checking for any signs of infection or complications related to episiotomy or perineal tears. Recommending pain relief strategies, such as over-the-counter medications, ice packs, and sitz baths. The midwife provided education and support on breastfeeding, which helped Mrs. A to establish a successful breastfeeding relationship with her newborn. Demonstrating how to help the baby latch onto the breast correctly to ensure effective milk transfer and prevent nipple soreness. Providing guidance on how often and how long to breastfeed. Helping Mrs. A to identify her baby's hunger cues and respond promptly. Providing support and advice on managing common breastfeeding challenges, such as engorgement, mastitis, and low milk supply. The midwife provided guidance on newborn care, including bathing, diapering, and recognizing signs of illness, which helped Mrs. A to feel confident in her ability to care for her newborn. Demonstrating how to bathe the baby safely and maintain proper hygiene. Teaching different diapering techniques and how to prevent diaper rash. Explaining how to care for the umbilical cord stump



and recognize signs of infection. Emphasizing the importance of placing the baby on their back to sleep and creating a safe sleep environment. Teaching Mrs. A how to recognize signs of illness in her newborn, such as fever, poor feeding, and lethargy. The midwife's support in the postpartum period also extended to addressing Mrs. A's emotional needs and concerns. The midwife's empathetic listening and reassuring presence helped Mrs. A to navigate the challenges of motherhood and maintain her emotional well-being. Providing a safe space for Mrs. A to express her feelings and concerns about motherhood, without judgment. Offering reassurance and encouragement to Mrs. A, helping her to feel confident in her ability to mother her newborn. Connecting Mrs. A with community resources and support groups, providing her with additional support during the postpartum period.¹¹⁻¹⁴

The midwife's role in providing continuity of care (COC) is multifaceted and encompasses a wide range of skills and knowledge. The midwife serves as a caregiver, educator, advocate, and counselor, providing holistic support that addresses the physical, emotional, and psychological needs of women and their families. The midwife's role as a caregiver begins with the first prenatal visit and continues through the postpartum period. Monitoring the woman's physical and emotional health, assessing the baby's growth and development, and providing education on pregnancy, childbirth, and postpartum care. Supporting the woman through labor and delivery, providing comfort measures, monitoring the progress of labor, and assisting with the delivery of the baby and placenta. Monitoring the woman's physical and emotional recovery from childbirth, providing guidance on newborn care and breastfeeding, and addressing any concerns or complications. The midwife is also an educator, providing women and their families with the information and skills they need to make informed decisions about their care and to navigate the childbearing experience. Providing information on

pregnancy, childbirth, and postpartum care, including nutrition, exercise, and childbirth preparation. Preparing women for labor and delivery, including pain management techniques, coping strategies, and the role of the birth partner. Providing guidance on newborn care, breastfeeding, postpartum self-care, and family planning. The midwife serves as an advocate for women and their families, ensuring that their rights are respected and their voices are heard. Supporting the woman's right to make informed decisions about her care, including her choice of birth setting and pain management options. Helping the woman to navigate the healthcare system and access the resources she needs, such as financial assistance, childcare, and social support. Speaking out on behalf of the woman and her family to address any concerns or challenges they may face. The midwife also provides emotional support and guidance to women and their families throughout the childbearing experience. Offering a listening ear and a safe space for women to express their fears, concerns, and anxieties. Providing reassurance, encouragement, and validation to women as they navigate the challenges of pregnancy, childbirth, and motherhood. Helping women to develop coping strategies for managing stress, anxiety, and other emotional challenges. The midwife's expertise in clinical care is essential for providing safe and effective care to women and their newborns throughout the childbearing continuum. This expertise encompasses a wide range of knowledge and skills, including the ability to monitor health, identify potential complications, and provide timely interventions. Prenatal care is the foundation of good maternal and neonatal health. The midwife's clinical expertise during the prenatal period focuses on monitoring the woman's physical health, assessing the baby's growth and development, and identifying and managing any pregnancy complications. Regularly checking the woman's blood pressure to identify any signs of hypertension, a common pregnancy complication. Monitoring the woman's weight gain to



ensure it is within the recommended range for her body mass index (BMI) and identifying any potential nutritional concerns. Measuring the woman's fundal height to assess the growth of the uterus and estimate the baby's size and development. Performing regular ultrasounds to visualize the baby's anatomy, assess its growth, and identify any potential abnormalities. Monitoring the baby's heart rate using a Doppler device to assess its well-being. Screening for and managing gestational diabetes, a condition that can affect both the mother and baby's health. Identifying and managing pre-eclampsia, a serious pregnancy complication characterized by high blood pressure and protein in the urine. The midwife's clinical expertise during labor and delivery is crucial for ensuring a safe and positive birth experience for both the mother and baby. This includes monitoring the progress of labor, providing comfort measures and pain relief options, assisting with the delivery, and managing any complications that may arise. Regularly assessing the woman's contractions, including their frequency, duration, and intensity. Monitoring the woman's cervical dilation to determine the progress of labor. Continuously monitoring the baby's heart rate to assess its well-being during labor. Offering comfort measures, such as massage, position changes, and hydrotherapy, to help the woman manage labor pain. Administering pain relief medications, such as epidurals or nitrous oxide, as needed and requested by the woman. Guiding the woman through the pushing stage of labor and supporting the baby's head and body as it emerges. Ensuring the safe delivery of the placenta and inspecting it for completeness. Recognizing and managing complications that may arise during labor or delivery, such as fetal distress, shoulder dystocia, or postpartum hemorrhage. The midwife's clinical expertise in postpartum care focuses on monitoring the woman's physical recovery from childbirth, assessing the newborn's health, and identifying and managing any postpartum complications. Regularly checking the woman's vital

signs, including her blood pressure, pulse, and temperature, to assess for any signs of infection or other complications. Assessing the woman's bleeding and uterine contractions to ensure they are returning to normal. Inspecting the perineum for signs of healing or infection. Performing a comprehensive newborn examination to assess the baby's overall health and identify any potential concerns. Monitoring the newborn's weight, feeding patterns, and elimination to ensure they are thriving. Recognizing and managing postpartum hemorrhage, a serious condition that can occur after childbirth. Identifying and managing postpartum infections, such as endometritis or mastitis. The midwife's ability to establish a trusting relationship with the woman is crucial for providing effective COC. This relationship is built on mutual respect, open communication, and shared decision-making. The midwife's empathetic listening and non-judgmental approach create a safe space for the woman to express her concerns and anxieties. The midwife and the woman view each other as partners in care, valuing each other's perspectives and experiences. The midwife creates a safe and comfortable environment for the woman to express her thoughts, feelings, and concerns without fear of judgment. The midwife provides the woman with evidence-based information and supports her in making informed decisions about her care. The midwife actively listens to the woman's concerns, validates her feelings, and demonstrates genuine care and understanding. The midwife provides care without judgment, regardless of the woman's background, beliefs, or choices. The woman feels comfortable sharing her thoughts and concerns, allowing the midwife to provide more personalized and effective care. The woman is more likely to follow the midwife's advice and guidance when she trusts and respects her caregiver. The woman feels more satisfied with her care when she feels heard, understood, and respected. The woman experiences less anxiety and fear during pregnancy, childbirth, and the postpartum period



when she has a trusting relationship with her midwife. Studies have shown that a trusting relationship between a woman and her midwife is associated with better health outcomes for both the mother and baby. The midwife's role in COC also includes empowering women to make informed decisions about their care. The midwife provides education on various aspects of pregnancy, childbirth, and postpartum care, equipping women with the knowledge and skills necessary to make informed choices about their health. The woman feels empowered to make choices that are aligned with her values and preferences. The woman experiences less anxiety and fear when she understands the childbearing process and her options. The woman feels more satisfied with her care when she actively participates in decision-making. Studies have shown that informed decision-making is associated with better health outcomes for both the mother and baby.¹⁵⁻¹⁷

Implementing continuity of care (COC) in resource-constrained settings presents unique challenges due to limitations in infrastructure, healthcare workforce, and access to essential resources. Additionally, cultural norms and expectations can sometimes create barriers to providing continuous and comprehensive midwifery care. In many resource-constrained settings, health facilities may be located far from where people live, making it difficult for women to access care, especially during pregnancy and childbirth. This distance can create significant barriers to attending regular prenatal appointments, receiving skilled care during labor and delivery, and accessing postpartum and newborn care services. The lack of accessible transportation options can further exacerbate this challenge, especially for women in rural or remote areas. Financial constraints may also limit women's ability to travel to health facilities, particularly for those who must forgo work or other income-generating activities to seek care. Healthcare workforce shortages are a common problem in resource-constrained settings. This shortage can lead

to overburdened midwives who may struggle to provide adequate care to all their patients. Limited availability of care can result in long wait times, rushed appointments, and missed opportunities for essential health education and counseling. The lack of qualified midwives can also compromise the quality of care, as less-trained healthcare providers may step in to fill the gap. This situation can lead to an increased risk of complications and adverse outcomes for both mothers and newborns. Resource-constrained settings often lack essential equipment, supplies, and medications needed to provide comprehensive midwifery care. This lack of resources can hinder the midwife's ability to monitor the health of the woman and her newborn, diagnose and manage complications, and provide essential care, such as emergency obstetric care. For example, the lack of reliable electricity and clean water can compromise infection control practices, increasing the risk of infections for both mothers and newborns. The lack of essential medications, such as antibiotics and oxytocin, can also hinder the midwife's ability to manage complications such as postpartum hemorrhage and sepsis. In some cultures, traditional practices and beliefs surrounding pregnancy and childbirth may conflict with evidence-based midwifery care. This conflict can create challenges for midwives providing COC, as they may face resistance to certain practices or recommendations. For example, some cultures may have traditional birth attendants who play a significant role in pregnancy and childbirth. These attendants may have valuable knowledge and experience, but their practices may not always align with evidence-based midwifery care. In such cases, midwives must navigate these cultural sensitivities while providing safe and effective care. Despite these challenges, the benefits of COC midwifery care outweigh the difficulties, and efforts should be made to expand access to this model of care in resource-constrained settings. The case of Mrs. A demonstrates that COC can be successfully implemented in such settings, with positive impacts on maternal and



neonatal outcomes. Bringing midwifery care closer to the community through outreach clinics and home visits can improve access to care for women in remote areas. Training and empowering community health workers to provide basic midwifery care can help to address workforce shortages. Making the most of available resources, including utilizing low-cost technologies and implementing sustainable practices, can help to overcome resource constraints. Respecting cultural norms and beliefs while providing evidence-based care can help to build trust and improve the acceptance of COC midwifery care. COC in midwifery can significantly improve access to care for women in resource-constrained settings. By establishing a continuous relationship between a woman and her midwife, COC can help to overcome barriers such as distance, cost, and lack of transportation that often prevent women from accessing essential health services. Midwives providing COC can offer care in various settings, including community health centers, homes, and outreach clinics, bringing essential services closer to the women who need them. This flexibility can be particularly beneficial in rural or remote areas where health facilities may be scarce or difficult to reach. Furthermore, COC can help to address cultural and social barriers that may prevent women from seeking care. By building trusting relationships with women and their families, midwives can provide culturally sensitive care that respects traditional beliefs and practices while promoting evidence-based practices. The continuous monitoring and assessment provided by COC can help to identify and manage potential complications early on, reducing the risk of adverse outcomes for both mothers and newborns. Through regular prenatal check-ups, midwives can monitor the woman's health, assess the baby's growth and development, and identify any potential complications such as pre-eclampsia, gestational diabetes, or fetal distress. Early detection of these complications allows for timely intervention and management, reducing the risk of severe health

consequences. During labor and delivery, the midwife's continuous presence and monitoring can help to identify and manage complications such as prolonged labor, fetal distress, or postpartum hemorrhage. Timely interventions can significantly reduce the risk of adverse outcomes for both the mother and newborn. In the postpartum period, COC enables midwives to monitor the woman's physical and emotional recovery, assess the newborn's health, and identify any postpartum complications such as infection or breastfeeding difficulties. Early identification and management of these complications can prevent severe health consequences and promote optimal recovery for both mother and baby. Women who receive COC midwifery care report higher levels of satisfaction with their care and feel more empowered in their decision-making. The continuous relationship with a trusted midwife fosters a sense of partnership and shared decision-making, allowing women to feel more in control of their care. The personalized attention and support provided by COC can also contribute to increased patient satisfaction. Women feel heard, understood, and respected when their midwife takes the time to listen to their concerns, answer their questions, and provide individualized care. Studies have shown that COC midwifery care can contribute to a reduction in maternal and neonatal mortality rates, especially in resource-constrained settings. By providing continuous and comprehensive care, midwives can help to prevent and manage complications that can lead to maternal or neonatal death. For example, COC can help to reduce maternal mortality from postpartum hemorrhage, a leading cause of maternal death worldwide. By monitoring the woman's bleeding and uterine contractions closely, midwives can identify and manage postpartum hemorrhage early on, preventing severe blood loss and potential death. COC can also help to reduce neonatal mortality by promoting early detection and management of complications such as prematurity, low birth weight, and infection. By providing



continuous care and support, midwives can help to ensure that newborns receive the timely interventions they need to survive and thrive.¹⁸⁻²⁰

4. Conclusion

This case study underscores the positive impact of continuity of care (COC) in midwifery on maternal and neonatal outcomes. Mrs. A, who received comprehensive COC midwifery care, experienced improved emotional well-being, made informed decisions about her care, and engaged in healthy behaviors throughout her pregnancy, childbirth, and postpartum journey. The continuous support, personalized guidance, and education provided by the midwife fostered a trusting relationship with Mrs. A and her family, empowering them to actively participate in their care. This case exemplifies the importance of COC in midwifery practice, particularly in resource-constrained settings, where it can significantly enhance the quality of care for women and their newborns.

5. References

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