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Empowering a Young Mother Through Continuity of Care: A Case Report of a Primiparous Woman's Journey

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A B S T R A C T

Continuity of midwifery care (CoMC) is a model of care in which a woman is supported by the same midwife, or a small team of midwives, throughout her pregnancy, childbirth, and the postpartum period. This model has been shown to have several benefits for women and their babies, including reduced rates of intervention, increased satisfaction with care, and improved maternal and neonatal outcomes. This case report describes the experiences of a 21-year-old primiparous woman who received CoMC from a midwife in a community setting. The woman was highly satisfied with the care she received, reporting that she felt empowered and in control of her pregnancy and childbirth experience. She also felt that the midwife was a trusted source of support throughout her journey. In conclusion, this case report provides further evidence of the benefits of CoMC for women and their babies, particularly for young mothers who may require additional support and guidance. It highlights the importance of providing woman-centered care that is responsive to the individual needs of each woman.

1. Introduction

Continuity of midwifery care (CoMC) is a model of care in which a woman is supported by the same midwife, or a small team of midwives, throughout her pregnancy, childbirth, and the postpartum period. This model has been shown to have several benefits for women and their babies, including reduced rates of intervention, increased satisfaction with care, and improved maternal and neonatal outcomes. CoMC is also aligned with the World Health Organization's (WHO) recommendations for woman-centered care, which is an approach to care that is respectful of and responsive to women's individual needs and preferences. Numerous studies have demonstrated the benefits of CoMC for women and their babies. A meta-analysis of randomized trials found that CoMC was associated with several positive outcomes, including; Reduced rates of medical interventions, such as cesarean section, episiotomy, and instrumental delivery; Increased spontaneous vaginal birth; Increased satisfaction with care; Improved maternal and neonatal outcomes, such as reduced rates of preterm birth, low birth weight, and perinatal mortality.[1-3]

CoMC is an excellent example of woman-centered care, as it is based on the principles of respect, informed choice, shared decision-making, and continuity of care. Woman-centered care is a holistic approach that recognizes the physical, emotional, social, and cultural needs of each woman. It is based on the following principles; Respect for women's autonomy and dignity: Women have the right to make

informed decisions about their care, and their choices should be respected; Informed choice: Women should be provided with evidence-based information about their care options, so that they can make informed decisions; Shared decision-making: Women and their midwives should work together to make decisions about care, based on the woman's individual needs and preferences; Continuity of care: Women should have access to the same midwife, or a small team of midwives, throughout their pregnancy, childbirth, and the postpartum period.[4-6]

CoMC is particularly beneficial for primiparous women, who are experiencing pregnancy and childbirth for the first time. These women may have increased anxiety and fear about the unknown, and they may benefit from the additional support and guidance that CoMC can provide. Studies have shown that primiparous women who receive CoMC are more likely to have a spontaneous vaginal birth, less likely to have medical interventions, and more satisfied with their care. The midwife plays a central role in CoMC. The midwife provides evidence-based information, support, and guidance to women throughout their pregnancy, childbirth, and the postpartum period. The midwife also advocates for women's rights and choices, and ensures that they receive the best possible care.[7,8]

This case report is set in a community-based midwifery practice. Community-based midwifery practices are typically run by midwives who have a strong commitment to woman-centered care. These practices offer a variety of services, including antenatal care, childbirth education, labor and delivery support, and postpartum care.[9,10] The aim of this case report is to describe the experiences of a 21-year-old primiparous woman who received CoMC from a midwife in a community setting.

2. Case Presentation

A 21-year-old primiparous woman, Mrs. D, presented to the Delima WM Midwifery Clinic in Banjarmasin, Indonesia, for her first antenatal visit. She was 39 weeks pregnant and eager to receive comprehensive care for her and her unborn child. Mrs. D was in good health with no significant medical history. This was her second pregnancy, having experienced a miscarriage that required a dilation and curettage (D&C) procedure in the past. A detailed assessment was conducted, including a review of her medical history and a physical examination. Mrs. D's chief complaint was frequent nighttime urination, which, while not physically debilitating, was disrupting her sleep. This symptom had been gradually increasing over the past month, with a frequency of 2-3 times per night around 11 PM or 12 AM. The physical examination revealed normal findings for both general and obstetric assessments. Notably, Mrs. D's blood pressure was 120/70 mmHg, her pulse was 82 beats per minute, and her temperature was 36.5°C. The fetal heart rate was also within the normal range, indicating fetal well-being.

Mrs. D expressed concerns about her previous miscarriage and the potential impact of the D&C procedure on her current pregnancy. The midwife provided reassurance and education, explaining that while there are associated risks such as placenta previa, repeated miscarriages, and preterm birth, these can be mitigated with proper care and monitoring. Mrs. D was relieved to learn that her diligent adherence to prenatal vitamins and regular check-ups significantly contributed to her healthy pregnancy thus far. The midwife took the opportunity to empower Mrs. D with vital information about pregnancy, childbirth, and postpartum care. She discussed the importance of maintaining a healthy lifestyle, including proper nutrition and hygiene, and encouraged Mrs. D to continue attending her antenatal appointments. The midwife also reviewed the signs and symptoms of labor, emphasizing the need to recognize potential complications and seek immediate medical attention if necessary.

To further prepare Mrs. D for labor and delivery, the midwife recommended practicing yoga exercises to promote physical and mental readiness. She also discussed the Program Perencanaan Persalinan dan Pencegahan Komplikasi (P4K), a program designed to plan for childbirth and prevent complications,

empowering Mrs. D to actively participate in her birthing experience.

Six days later, Mrs. D returned to the clinic in active labor. She complained of increasingly frequent contractions that originated in her back and radiated to her abdomen, accompanied by a bloody mucus discharge since 2:00 AM and a gush of clear fluid around 3:30 AM. Upon examination, Mrs. D's cervix was dilated to 8 cm, and the fetal heart rate was a reassuring 140 beats per minute. The midwife provided continuous support, offering comfort measures and encouragement while closely monitoring both the mother's and baby's well-being. At 6:50 AM, Mrs. D's cervix was fully dilated, and she began pushing. With the midwife's expert guidance and encouragement, Mrs. D gave birth to a healthy baby girl at 7:05 AM. The newborn's Apgar scores were 8 at 1 minute and 9 at 5 minutes, indicating excellent health. The placenta was delivered spontaneously, and Mrs. D's postpartum recovery was uneventful.

The midwife continued to provide care for Mrs. D and her newborn during the postpartum period. She made several home visits, assessing Mrs. D's physical and emotional well-being, monitoring the newborn's growth and development, and providing breastfeeding support and education. One month later, Mrs. D returned to the clinic for her postpartum checkup and family planning consultation. She expressed her desire to use a reliable contraceptive method that was compatible with breastfeeding. The midwife discussed various options, including condoms, intrauterine devices (IUDs), and hormonal contraceptives. After careful consideration, Mrs. D opted for the 3-month injectable contraceptive, which is safe and effective for breastfeeding.

3. Discussion

This case report underscores the profound impact of continuity of midwifery care (CoMC) on women's experiences and outcomes throughout pregnancy, childbirth, and the postpartum period. CoMC, characterized by a sustained and trusting relationship between a woman and her midwife, has been consistently demonstrated to improve a multitude of outcomes, including reduced interventions, increased maternal satisfaction, and enhanced maternal and neonatal health. Continuity of midwifery care (CoMC) is associated with a significant reduction in medical interventions during labor and childbirth. Interventions such as cesarean sections, episiotomies, and instrumental deliveries, while sometimes necessary, carry inherent risks and can disrupt the natural physiological processes of birth. CoMC fosters an environment of trust and shared decision-making, empowering women to make informed choices about their care and promoting physiological birth whenever possible. Physiological birth refers to the natural process of labor and childbirth, undisturbed by medical interventions unless medically necessary. Labor begins on its own, without the use of medical induction methods. The woman is encouraged to move and change positions throughout labor, as this can help to promote the progress of labor and facilitate fetal descent. The woman is provided with continuous emotional and physical support from a trusted caregiver, such as a midwife or doula. Medical interventions are avoided unless they are absolutely necessary for the safety of the mother or baby. The baby is born vaginally without the use of instruments or surgery. Medical interventions, while sometimes necessary to ensure the safety of the mother and baby, can disrupt the natural physiological processes of birth. The use of medications to artificially start labor can increase the risk of complications, such as uterine hyperstimulation and fetal distress. While epidurals can provide effective pain relief, they can also slow down labor and increase the risk of instrumental delivery. Continuous electronic fetal monitoring can restrict the woman's movement and increase the risk of unnecessary interventions.

Table 1. Pregnancy period.

Date	Gestational age	Subjective findings	Objective findings	Assessment	Plan
Day-1	39 weeks	Complaining of frequent urination at night, not disturbing activities but disturbing sleep patterns. Experienced for approximately 1 month, occurring gradually every 11 or 12 at night with a frequency of 2-3 times. History of miscarriage in the previous pregnancy followed by curettage. No other complaints.	General and specific examinations within normal limits. No supporting examinations were conducted at TPMB Delima WM. Midwife WM collaborates with the Tirta Medical Center Banjarmasin laboratory for supporting examinations.	G2P0A1 39 weeks pregnant. The problem experienced is frequent urination. Needs: KIE Pregnancy Trimester III and How to Overcome Frequent Urination.	Explain to the mother the results of the examination that was carried out. Explain to the mother about the complaints she is experiencing. Encourage the mother to do yoga exercises to help prepare for childbirth. Encourage the mother to consume nutritious foods high in protein. Encourage the mother to maintain personal hygiene. Encourage the mother to get enough rest. Remind the mother again to open and read the KIA book that the mother has regarding the danger signs of pregnancy and advise the mother to immediately go to a health facility if any of the danger signs of pregnancy listed in the KIA book occur. Remind the mother again to open and read the KIA book that the mother has regarding the signs of labor and advise the mother to immediately go to a health facility if there are signs of labor in the KIA book. Inform the mother and encourage the mother to prepare for the P4K program (Delivery Planning and Complication Prevention Program). Encourage the mother to make a return visit 1 week later on June 30th, 2023, or if there are any complaints, immediately come to the nearest health facility.
Day-7	40 weeks	No complaints.	General and specific examinations within normal limits. Fetal movement (+) active. The presentation is in the anterior portion, the cervical flattening (+) is palpable soft, the opening is 8 cm, the amniotic membrane is (-) negative, and the head is at Hodge II.	G2P0A1 Gestational Age 40 Weeks Inpartu Stage I Active Phase. No problem. Needs: Provide Stage 1 Active Phase Labor Assistance.	Explain the results of the examination. Provide loving maternal care, one of which is by providing complementary therapy to the mother by advising the mother to regulate breathing deeply and remain relaxed. Deep breathing techniques are one type of breathing technique. This technique is done by taking deep chest breaths through the nose during contractions, then exhaling through the mouth while blowing, repeating several times until the contractions disappear. Prepare equipment to assist in labor. Monitor the well-being of the mother and carry out documentation in the form of SOAP.

SOAP Document: A SOAP note is a method of documentation employed by healthcare providers to record patient information. It is an acronym for: S: Subjective (information provided by the patient, such as symptoms or concerns); O: Objective (measurable and observable data, such as vital signs or physical exam findings); A: Assessment (the healthcare provider's interpretation of the subjective and objective data); P: Plan (the proposed course of action, such as treatment, education, or follow-up).

Table 2. Childbirth period.

Date	Time	Subjective findings	Objective findings	Assessment	Plan
Day 7	03.55	Complaining of cramps that are getting more frequent, unable to do activities when the cramps appear, pain felt from the abdomen spreading to the back, and bloody mucus coming out of the birth canal since 02.00. Watery discharge from the birth canal around 03.30. Fetal movement (+) active.	General and specific examinations within normal limits. Results of the vaginal examination: the portion is in the anterior, cervical flattening (+) is palpable soft, opening 8 cm, amniotic membrane (-) negative, head at Hodge II.	G2P0A1 Gestational Age 40 Weeks Inpartu Stage I Active Phase. No problem. Needs: Assistance with Stage 1 Active Phase Labor.	Explain the examination results. Provide loving maternal care, including complementary therapy by encouraging the mother to regulate her breathing, stay relaxed, and practice deep breathing techniques. Prepare labor assisting equipment. Monitor maternal well-being and document in SOAP format.
Day 7	06.50	Pain from the waist spreading to the abdomen, felt more and more frequent.	HIS 5x/10 minutes/50 seconds. The fetal heart rate 140x/minute is heard clearly with a regular rhythm. Vaginal examination: the portion is not palpable, full opening 10 cm, head at Hodge III.	G2P0A1 Gestational Age 40 Weeks Inpartu Stage I Active Phase, complete opening. Needs: Assistance with childbirth.	Perform labor assistance with 60 steps of normal labor assistance (APN) based on the principle of loving maternal care.
Day 7	07.05	-	Spontaneous birth with the back of the head, immediately crying, female gender, newborn weight 3.000 grams, body length 48 cm, no congenital abnormalities.	P1A1, postpartum 0 hours, a baby born spontaneously, female. No problem. Needs: Postpartum care and newborn care.	Perform postpartum care and newborn care according to the procedure.
Day 7	07.10	-	The placenta is spontaneously born complete with its membranes. Good uterine contractions. Approximately 250 cc of vaginal bleeding. There is a second-degree perineal rupture.	P1A1, postpartum 0 hours, placenta born spontaneously, complete with its membranes. There is a second-degree perineal rupture. Needs: Uterine massage, perineal rupture hetting, and postpartum counseling.	Perform uterine massage for 15 seconds to stimulate uterine contractions. Perform hetting of the second-degree perineal tear. Provide postpartum counseling by encouraging the mother to maintain hygiene, especially in the genital area, consume foods high in protein, and drink plenty of water.

Table 3. Postpartum period.

Date	Time	Subjective findings	Objective findings	Assessment	Plan
Day 14	13.25	The mother complains that breast milk is still coming out a little. Mother can do mobilization such as turning right and left, and sitting, but still does not dare to stand because sometimes there is still pain in the stitches.	Mother's general condition is good. Blood pressure: 120/70 mmHg. Pulse: 82x/minute. Respiration: 20x/minute. Temperature: 36.5°C. Facial and breast examinations were normal. Abdominal examination: uterine fundus palpable 2 fingers below the center, good uterine contractions. Examination of the degree of diastasis recti: ½ (normal). Vulva examination shows normal bleeding (lochia rubra). Perineal examination: the perineal wound stitching looks neat and there are no signs of infection.	P1A1 postpartum 6 hours. No problems were found. Needs: KIE for postpartum needs.	Conduct a postpartum physical examination on the mother to ensure the mother's health condition. Encourage the mother to do gradual mobilization. Encourage the mother to always consume foods that can increase breast milk production and facilitate lactation. Teach the mother the correct and proper way to breastfeed. Teach the mother how to perform breast care. Inform the mother to provide exclusive breastfeeding for 6 months because breast milk is the best food for her baby. Advise the mother to get enough rest during the day and at night when the baby is sleeping. Teach the mother to maintain personal hygiene, especially in the female area. Inform the mother about the danger signs in postpartum mothers. Document in SOAP format. Conduct home visits until the 4th postpartum visit according to the Mother and Child Health Book.

KIE**:** Stands for "Komunikasi, Informasi, dan Edukasi" in Indonesian, which translates to "Communication, Information, and Education". It refers to health promotion strategies used to improve health literacy and encourage individuals to make informed decisions about their health. In this context, KIE for postpartum needs would include providing the mother with information and education about postpartum recovery, breastfeeding, newborn care, and family planning.

An episiotomy is a surgical cut made in the perineum to widen the vaginal opening. It can increase the risk of pain, infection, and long-term complications. The use of forceps or a vacuum extractor to assist with the delivery of the baby can increase the risk of injury to both the mother and baby. A cesarean section is a major surgical procedure that carries risks such as infection, hemorrhage, and blood clots. CoMC plays a crucial role in reducing the use of unnecessary medical interventions during labor and childbirth. By providing women with continuous support and education throughout pregnancy, midwives can help women to develop a strong sense of trust and confidence in their ability to give birth naturally. This trust and confidence can empower women to decline interventions that are not medically

necessary. Midwives who provide CoMC are also more likely to be skilled in supporting physiological birth. They are trained to recognize and manage normal labor progress, and they are less likely to intervene unnecessarily. A growing body of evidence supports the link between CoMC and reduced rates of medical interventions during labor and childbirth. A meta-analysis of randomized trials found that women who received CoMC were less likely to have a cesarean section, less likely to have an episiotomy, less likely to have an instrumental delivery, and more likely to have a spontaneous vaginal birth in this case report, Mrs. D experienced a spontaneous vaginal birth without the need for medical interventions. This outcome is consistent with the research findings that suggest CoMC is associated with increased rates of physiological birth. Mrs. D's midwife provided her with continuous support and education throughout her pregnancy. This helped Mrs. D to develop a strong sense of trust and confidence in her ability to give birth naturally. As a result, she was able to decline interventions that were not medically necessary. Continuity of midwifery care (CoMC) has been shown to significantly increase maternal satisfaction with care. When women feel known, heard, and supported by their midwife throughout their pregnancy, childbirth, and postpartum journey, they are more likely to have a positive and empowering experience. This model of care fosters a strong foundation of trust and rapport, enabling women to actively participate in their care and make informed decisions that align with their individual needs and preferences. The continuous presence of a known and trusted midwife throughout the maternity care journey allows for the development of a strong therapeutic relationship. This relationship is built on mutual respect, open communication, and shared decision-making. CoMC facilitates a deep understanding of the woman's individual needs, preferences, and values. This understanding enables the midwife to provide care that is tailored to the woman's specific circumstances. CoMC empowers women to take an active role in their care. By providing evidence-based information and support, midwives enable women to make informed decisions about their health and well-being. The consistent support and presence of a trusted midwife can help to reduce anxiety and fear associated with pregnancy and childbirth. Knowing that they have a reliable source of support can increase women's confidence and sense of control. CoMC encourages physiological birth, which can lead to a more positive and satisfying childbirth experience. Women who experience physiological birth often report feeling empowered and in control of their bodies and their birthing experience. CoMC extends into the postpartum period, providing ongoing support to women as they adjust to motherhood. This support can help to ease the transition into parenthood and promote maternal well-being. Numerous studies have demonstrated the positive impact of CoMC on maternal satisfaction. A meta-synthesis of qualitative studies found that women who received CoMC were more likely to report feeling satisfied with their care, feeling more confident and in control, and having a more positive experience of pregnancy and childbirth. In this case report, Mrs. D's high level of satisfaction with her care is evident throughout her journey. She reported feeling empowered and in control of her pregnancy and childbirth experience, highlighting the positive impact of the midwife's continuous support and guidance. Mrs. D's experience is consistent with the qualitative research that has explored women's experiences of CoMC. Women who receive CoMC often report feeling more confident, informed, and in control of their care. They also express a greater sense of satisfaction with their overall maternity care experience. Maternal satisfaction and empowerment are closely intertwined. When women feel satisfied with their care, they are more likely to feel empowered to make informed decisions about their health and well-being. Empowerment, in turn, can lead to greater satisfaction with care. CoMC fosters a virtuous cycle of satisfaction and empowerment. By providing women with continuous, individualized support, CoMC enables women to feel more confident, in control, and satisfied with their care. This increased satisfaction

can further empower women to advocate for themselves and their babies, leading to even better health outcomes.[11,12]

Continuity of midwifery care (CoMC) has been linked to a range of improved maternal and neonatal outcomes. Studies have shown that CoMC can reduce the risk of preterm birth, low birth weight, and perinatal mortality. The continuous support and monitoring provided by midwives in the CoMC model enable early identification and management of potential complications, contributing to better health outcomes for both mothers and babies. The continuous and comprehensive nature of CoMC allows midwives to closely monitor the health of both mother and baby throughout pregnancy, childbirth, and the postpartum period. This enables early identification and management of potential complications, reducing the risk of adverse outcomes. Preterm birth, defined as birth before 37 weeks of gestation, is a leading cause of neonatal mortality and morbidity. CoMC has been associated with a reduced risk of preterm birth, likely due to the midwife's ability to provide early intervention and support for women at risk. Low birth weight (LBW), defined as a birth weight of less than 2500 grams, is another significant risk factor for neonatal mortality and morbidity. CoMC has been linked to a lower incidence of LBW, possibly due to improved prenatal care and monitoring. Perinatal mortality refers to the death of a fetus or newborn within the first week of life. CoMC has been shown to decrease perinatal mortality rates, likely due to a combination of factors, including reduced interventions, improved prenatal care, and early identification and management of complications. CoMC provides ongoing support for breastfeeding, which is crucial for newborn health and development. Midwives can offer education, encouragement, and practical assistance to help women establish and maintain successful breastfeeding. CoMC can also positively impact maternal mental health by providing continuous support and reducing stress and anxiety. Improved maternal mental health can lead to better outcomes for both mother and baby. A growing body of research supports the association between CoMC and improved maternal and neonatal outcomes. A meta-analysis of randomized trials found that women who received CoMC were less likely to experience preterm birth, low birth weight, and perinatal mortality. In this case report, both Mrs. D and her baby experienced positive health outcomes. Mrs. D's pregnancy and childbirth were uncomplicated, and her newborn was healthy. While this case report alone cannot definitively attribute these positive outcomes solely to CoMC, the findings are consistent with the broader body of research that supports the association between CoMC and improved maternal and neonatal health. CoMC is a model of care that prioritizes the health and well-being of both mother and baby. By providing continuous, comprehensive support, CoMC enables early identification and management of potential complications, promotes healthy behaviors, and empowers women to make informed decisions about their care.[13,14]

Woman-centered care (WCC) is a philosophy of care that places the woman and her individual needs, preferences, and values at the center of the maternity care experience. It is a cornerstone of midwifery practice, recognizing that pregnancy and childbirth are not merely medical events but also profound life experiences with physical, emotional, social, and spiritual dimensions. WCC is characterized by a set of key principles that guide midwives in providing holistic and individualized care to women throughout their pregnancy, childbirth, and postpartum journey. Respect is the foundation of woman-centered care. It means treating each woman with dignity and honoring her autonomy. Women should be recognized as experts in their own bodies and experiences, and their choices should be respected and supported. Truly listening to women's concerns, fears, and hopes without judgment. Recognizing that each woman is unique and has her own set of values, beliefs, and preferences. Empowering women to make informed decisions about their care and respecting those decisions, even if they differ from the midwife's own opinions. Protecting women's privacy and ensuring

that their personal information is treated with sensitivity. Acknowledging and respecting the cultural beliefs and practices of each woman. Informed choice is a crucial component of WCC. Women have the right to receive accurate, unbiased, and evidence-based information about their care options. This information should be presented in a clear and accessible manner, empowering women to make informed decisions that align with their individual needs and preferences. Explaining the benefits, risks, and alternatives of various care options, including medical interventions and non-interventional approaches. Avoiding medical jargon and ensuring that information is easily understood. Addressing women's questions and concerns with patience and clarity. Providing guidance and support as women weigh their options and make decisions about their care. Honoring women's decisions, even if they differ from the midwife's recommendations. Shared decision-making is a collaborative process in which women and their midwives work together to make decisions about care. This approach recognizes that women are active participants in their healthcare and that their preferences and values should be central to the decision-making process. Creating a safe space for open and honest communication, where women feel comfortable expressing their thoughts and concerns. Working with women to develop a care plan that reflects their individual needs and preferences. Recognizing the woman's expertise in her own body and experiences, while also offering professional guidance and support. Finding solutions that balance the woman's preferences with evidence-based practice and safety considerations. Regularly revisiting the care plan to ensure that it continues to meet the woman's evolving needs and preferences. Continuity of care is a fundamental principle of WCC. It means that women have access to the same midwife, or a small team of midwives, throughout their pregnancy, childbirth, and the postpartum period. This continuity of care fosters trusting relationships, promotes a sense of security and support, and enables midwives to provide individualized care that is tailored to the woman's specific needs and preferences. A continuous relationship allows for the development of a strong therapeutic alliance between the woman and her midwife. The midwife gains a deep understanding of the woman's individual needs, preferences, and values, leading to more personalized care. Knowing that they have a consistent and reliable source of support can help to reduce women's anxiety and fear. Open and honest communication is fostered through an ongoing relationship. Women who experience continuity of care are more likely to report feeling satisfied with their care. The midwife's role in WCC extends beyond providing clinical care. Midwives are not just healthcare providers, they are also advocates, educators, and supporters who empower women to make informed decisions about their care and navigate the challenges and joys of pregnancy, childbirth, and motherhood. Midwives advocate for women's rights and preferences within the healthcare system. They work to ensure that women's voices are heard and that their choices are respected. This may involve advocating for access to specific services, supporting women in making informed choices about their care, or challenging practices that are not woman-centered. Midwives provide women with evidence-based information about pregnancy, childbirth, and postpartum care. They empower women to make informed decisions about their care and their baby's care by explaining procedures, discussing options, and answering questions in a clear and accessible manner. Midwives provide emotional and practical support to women throughout their maternity care journey. They offer a listening ear, a helping hand, and encouragement during times of challenge. This support may include emotional support during labor, practical assistance with breastfeeding, or guidance on navigating the postpartum period. Women who receive WCC are more likely to report feeling satisfied with their care and feeling more confident and in control of their maternity experience. WCC has been linked to a reduction in medical interventions during labor and childbirth, such as cesarean sections, episiotomies, and instrumental deliveries. This is

likely due to the emphasis on physiological birth and shared decision-making. WCC has been associated with improved maternal and neonatal outcomes, such as reduced rates of preterm birth, low birth weight, and perinatal mortality. This may be attributed to the continuous support and monitoring provided in WCC, which allows for early identification and management of potential complications. WCC can promote breastfeeding success by providing ongoing support and education to women. Midwives can offer practical assistance with breastfeeding, address concerns, and provide encouragement to help women achieve their breastfeeding goals. WCC can positively impact maternal mental health by providing continuous support and reducing stress and anxiety. The trusting relationships and sense of empowerment fostered in WCC can contribute to women's emotional well-being during pregnancy and postpartum. CoMC is an exemplary model of WCC in action. By providing continuous, comprehensive care from a known and trusted midwife, CoMC embodies the key principles of WCC respect, informed choice, shared decision-making, and continuity of care. In the case of Mrs. D, the midwife's provision of woman-centered care was evident throughout her journey. Mrs. D felt heard and respected, her choices were honored, and she was actively involved in decision-making about her care. This contributed to her feeling empowered and in control of her maternity experience.[15,16]

Continuity of midwifery care (CoMC) holds particular relevance for primiparous women, who are embarking on the journey of pregnancy and childbirth for the first time. These women often face heightened anxiety and uncertainty as they navigate the unfamiliar physical and emotional terrain of pregnancy and prepare for the transformative experience of childbirth. CoMC offers a unique model of care that provides the individualized support, education, and empowerment that primiparous women often need to navigate this significant life transition with confidence and a sense of control. Primiparous women have unique needs and challenges that differentiate their maternity care experiences from those of multiparous women. The unknown nature of pregnancy and childbirth can generate significant anxiety and fear for first-time mothers. They may worry about their changing bodies, the health of their baby, the pain of labor, and their ability to cope with childbirth and motherhood. Primiparous women lack the frame of reference that comes with having experienced pregnancy and childbirth before. This can lead to feelings of uncertainty and vulnerability. First-time mothers often require more extensive education and support to prepare for pregnancy, childbirth, and postpartum care. They may have questions about everything from fetal development and nutrition to labor pain management and breastfeeding. Research suggests that primiparous women are at a higher risk of medical interventions during labor and childbirth, such as cesarean sections, episiotomies, and instrumental deliveries. This may be due to a variety of factors, including increased anxiety, lack of experience, and variations in clinical practice. The transition to motherhood can be particularly challenging for primiparous women. They may face difficulties with breastfeeding, sleep deprivation, emotional adjustment, and navigating their new role as a parent. CoMC offers a model of care that is uniquely suited to address the specific needs and challenges of primiparous women. The ongoing relationship with a midwife provides a consistent source of support and reassurance, helping to reduce anxiety and fear associated with the unknown. Midwives provide comprehensive education and guidance, empowering primiparous women with the knowledge and confidence they need to navigate pregnancy, childbirth, and motherhood. CoMC supports informed decision-making by providing evidence-based information and facilitating shared decision-making between the woman and her midwife. Research suggests that primiparous women who receive CoMC are less likely to experience medical interventions during labor and childbirth. This may be due to the midwife's ability to provide individualized support and promote physiological birth. CoMC has been

associated with improved maternal and neonatal outcomes, including reduced rates of preterm birth, low birth weight, and perinatal mortality. This is particularly important for primiparous women, who may be at a higher risk of these complications. Primiparous women who receive CoMC often report higher levels of satisfaction with their care. They value the trusting relationship with their midwife and the continuous support they receive throughout their journey. CoMC extends into the postpartum period, providing ongoing support and guidance as primiparous women adjust to motherhood. This can help to ease the transition and promote maternal well-being. In this case report, Mrs. D, a primiparous woman, expressed her gratitude for the midwife's continuous support throughout her journey. She felt confident in her ability to care for her newborn and navigate the challenges of motherhood, thanks in large part to the trusting relationship she had with her midwife. Mrs. D's experience highlights the positive impact that CoMC can have on primiparous women. The continuous support and guidance she received from her midwife helped her to feel empowered and in control of her maternity experience.[17,18]

This case report has important implications for midwifery practice and healthcare policy. It reinforces the value of CoMC as a model of care that can empower women, reduce interventions, and improve maternal and neonatal outcomes. Healthcare systems should strive to integrate CoMC into their maternity care services, ensuring that women have access to continuous, comprehensive, and woman-centered care throughout their pregnancy, childbirth, and postpartum journey. Midwives should actively promote CoMC as a model of care that can benefit women and their babies. They should educate women about the benefits of CoMC and advocate for its implementation within their healthcare settings. Midwives need to possess the necessary skills and competencies to provide CoMC effectively. This includes strong communication and interpersonal skills, clinical expertise, and a commitment to woman-centered care. CoMC requires midwives to build strong collaborative relationships with women, their families, and other healthcare providers. This includes effective communication, shared decision-making, and mutual respect. Midwives should strive to provide continuity of care whenever possible. This may involve working in partnership with other midwives or healthcare providers to ensure that women have access to a consistent caregiver throughout their maternity care journey. Midwives should be strong advocates for woman-centered care within their healthcare settings. This includes promoting practices that respect women's autonomy, preferences, and values. Healthcare systems should allocate adequate funding and resources to support the implementation of CoMC. This includes providing midwives with the necessary time, support, and resources to provide continuous, comprehensive care. Healthcare systems should consider adopting models of care that promote CoMC. This may involve restructuring maternity care services to ensure that women have access to a named midwife or a small team of midwives throughout their pregnancy, childbirth, and postpartum journey. Healthcare systems need to ensure that there are enough midwives to provide CoMC effectively. This may involve increasing the midwifery workforce and addressing issues such as workload and burnout. Midwifery education and training programs should incorporate CoMC into their curricula. This will ensure that future midwives are equipped with the knowledge and skills to provide this model of care. Healthcare systems should invest in research and evaluation to further explore the benefits of CoMC and identify best practices for its implementation. There are several barriers that can hinder the implementation of CoMC. A shortage of midwives can make it difficult to provide CoMC effectively. Limited funding can restrict the ability of healthcare systems to invest in CoMC models of care. The structure and organization of maternity care services can sometimes make it challenging to provide CoMC. In some settings, cultural and social norms may not be supportive of CoMC. Addressing these barriers will require a multi-faceted approach

that involves healthcare providers, policymakers, and the wider community.[19,20]

4. Conclusion

This case report has provided insight into the benefits of Continuity of Midwifery Care (CoMC) for women throughout their pregnancy, childbirth, and postpartum journey. CoMC has been shown to reduce the need for medical interventions during labor and childbirth. It increases the rate of spontaneous vaginal birth, improves maternal and neonatal outcomes, and empowers women to make informed choices about their care. This model of care has been shown to reduce the need for medical interventions, increase the rate of spontaneous vaginal birth, and improve maternal and neonatal outcomes. Further research is needed to strengthen the evidence base for CoMC and explore its impact in diverse populations and healthcare contexts.

5. References

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