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Continuity of care midwifery care in the preconception period

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Abstract

Background: Continuity of Care (CoC) midwifery care is a service model that provides comprehensive and continuous care to improve women's health status, particularly starting from the preconception period. The preconception period is a critical phase for identifying health risk factors and preparing women physically and mentally for a healthy pregnancy.

Purpose: to describe the implementation of Continuity of Care midwifery services during the preconception period.

Method: This study employed a case study design involving four women of reproductive age who were prospective brides. Data were collected through anamnesis, physical examination, observation, and documentation using Varney's midwifery management and SOAP format.

Results: The results showed that one client (25%) experienced Chronic Energy Deficiency (CED), and two clients (50%) were classified as obese based on Body Mass Index assessment. All clients (100%) received preconception counseling, nutritional education, and Tetanus Toxoid (TT) immunization. After receiving continuous midwifery care, there was an improvement in clients' knowledge regarding preconception health and pregnancy preparation.

Conclusion: The implementation of Continuity of Care during the preconception period plays an important role in early detection of risk factors and supports the preparation for a healthy pregnancy.

Keywords: Continuity of Care; Midwifery Care; Preconception; Women of Reproductive Age.

INTRODUCTION

The preconception period is the phase before pregnancy that plays an important role in determining the quality of pregnancy, childbirth, as well as maternal and infant health. During this period, women of reproductive age need to be optimally prepared, both in terms of physical health, nutritional status, and mental readiness. Health problems such as Chronic Energy Deficiency (CED) and obesity in women of reproductive age are still frequently found and can increase the risk of complications during pregnancy and childbirth (Dieny & Rahadiyanti, 2019; Ministry of Health of the Republic of Indonesia, 2018; Fakhriyah, Noor, Setiawan, Putri, Lasari, Qadrinnisa, & Abdurrahman, 2021).

Continuity of Care (CoC) is a midwifery care model that emphasizes continuous, comprehensive, and client-centered services. The implementation of

continuous midwifery care during the preconception period enables midwives to perform early detection of risk factors, provide health education, and prepare women of reproductive age to enter pregnancy in optimal condition. Based on the Continuity of Care report conducted in the working area of Pauh Health Center, Padang City, preconception care was provided to four women of reproductive age who were prospective brides. The initial assessment results showed that one client (25%) experienced Chronic Energy Deficiency, while two clients (50%) were classified as obese based on Body Mass Index. All clients (100%) did not yet have optimal understanding regarding preconception health preparation before receiving midwifery care (Yulita & Juwita, 2019; Saleh, 2022; Sunarsih, 2020).

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Therefore, the implementation of Continuity of Care during the preconception period is very important as an effort to improve knowledge, readiness, and health status of women of reproductive age. This article aims to describe the implementation of Continuity of Care midwifery care during the preconception period in the working area of Pauh Health Center, Padang City (Barokah, Agustina, & Zolekhah, 2022; National Population and Family Planning Board, 2014).

RESEARCH METHOD

The method of providing care was in the form of Communication, Information, and Education (CIE) based on the clients' problems and needs using midwifery management. This article used a case study design. Continuity of Care midwifery care was carried out in the working area of Pauh Health Center, Padang City from October to December 2025. The subjects of care were four women of reproductive age who were prospective brides. Data collection was conducted through anamnesis, physical examination, supporting examinations, observation, and documentation using Varney's midwifery management and SOAP format. Care was provided through direct visits at the health center, clients' homes, and the Office of Religious Affairs.

RESEARCH RESULTS

The implementation of Continuity of Care midwifery care during the preconception period was carried out for four prospective brides, namely Ms. S, Ms. W, Ms. F, and Ms. N. Each client received two visits, including physical examinations, health status assessments, and Communication, Information, and Education (CIE) according to each client's needs.

Ms. S received preconception services on October 13, 2025 at Pauh Health Center and a follow-up visit on October 21, 2025. The examination results showed that her general condition was within normal limits. However, she complained of abdominal pain radiating to the lower back during menstruation. She stated that she had never received information regarding non-pharmacological management of menstrual pain, such as warm compresses. The care provided focused on preconception education and menstrual pain management.

Ms. W received preconception services on November 8, 2025 and a follow-up visit on November

11, 2025 at the client's home. Based on the examination results, Ms. W had a body weight of 43 kg, height of 155 cm, Body Mass Index of 17.9 kg/m² (underweight), and Mid-Upper Arm Circumference of 22 cm, indicating Chronic Energy Deficiency. She stated that she rarely received information regarding nutritional status and dietary needs. The care focused on nutritional education, balanced diet patterns, and iron supplementation.

Ms. F received preconception services on November 11, 2025 and a follow-up visit on November 12, 2025 at the client's home. The examination results showed normal health conditions with a body weight of 52 kg, height of 151 cm, Body Mass Index of 22.51 kg/m², Mid-Upper Arm Circumference of 24 cm, and hemoglobin level of 12 g/dL. No health problems were found; however, she stated that she had limited information regarding preconception preparation. The care focused on preconception education, Tetanus Toxoid (TT) immunization, and iron supplementation.

Ms. N received preconception services on November 25, 2025 and a follow-up visit on December 15, 2025. The examination results showed a body weight of 67 kg, height of 158 cm, Body Mass Index of 26.84 kg/m², Mid-Upper Arm Circumference of 32 cm, and hemoglobin level of 12.2 g/dL, indicating obesity. She stated that she had never received information regarding obesity and its impact on pregnancy. The care focused on weight management education, physical activity recommendations, iron supplementation, and TT immunization.

DISCUSSION

Continuity of Care midwifery care during the preconception period provided to four prospective brides, namely Ms. S, Ms. W, Ms. F, and Ms. N, showed differences in health conditions and care needs among each client. The implementation of this care aims to identify health conditions early and prepare prospective mothers physically and mentally before entering pregnancy (Yulita & Juwita, 2019; Saleh, Kiah, & Wariyaka, 2022; Sunarsih, 2020).

In Ms. S, the examination results showed normal general health conditions based on vital signs, nutritional status, and hemoglobin levels. However, the client experienced dysmenorrhea and had limited knowledge regarding preconception preparation.

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Therefore, the care focused on preconception education, non-pharmacological management of menstrual pain using warm compresses, and TT immunization as a preventive effort before pregnancy (Agustin, Anggari, & Haswita, 2023; Ministry of Health of the Republic of Indonesia, 2021; Cunningham, Leveno, Bloom, Dashe, Hoffman, Casey, & Spong, 2021).

In contrast, Ms. W had a nutritional problem in the form of Chronic Energy Deficiency, indicated by a Body Mass Index of 17.9 kg/m² and Mid-Upper Arm Circumference of 22 cm. CED during the preconception period can increase the risk of complications during pregnancy if not managed properly. The care included nutritional counseling, balanced diet education, iron supplementation, and TT immunization (Dieny et al., 2019; Fakhriyah et al., 2021; Fikawati, Syafiq, & Karima, 2015).

In Ms. F, physical and supporting examinations showed normal health conditions without medical problems. However, she had limited knowledge regarding preconception preparation. Therefore, the care focused on preconception education, TT immunization, and iron supplementation (Yulivantina & Suryantara, 2020; Ministry of Health of the Republic of Indonesia, 2021).

Meanwhile, Ms. N was found to have obesity during the preconception period with a Body Mass Index of 26.84 kg/m². Obesity can increase the risk of pregnancy complications such as gestational diabetes, preeclampsia, and fetal growth disorders. In addition, the client had doubts about TT immunization due to misinformation. The care focused on weight management education, healthy lifestyle modification, increased physical activity, preconception counseling, and TT immunization (Gunderson, 2009; Cunningham et al., 2018; Ministry of Health of the Republic of Indonesia, 2024).

Overall, the implementation of Continuity of Care during the preconception period plays an important role in early detection of health problems and providing appropriate interventions based on each client's needs. This approach is expected to improve maternal readiness and reduce the risk of complications during pregnancy and childbirth (Barokah et al., 2022; Sunarsih, 2020).

CONCLUSION

Based on the results of the implementation of Continuity of Care midwifery care during the preconception period for four prospective brides, namely Ms. S, Ms. W, Ms. F, and Ms. N, it can be concluded that preconception care plays an important role in identifying health conditions and risk factors at an early stage. The problems found varied, including menstrual pain, Chronic Energy Deficiency (CED), limited knowledge related to preconception, and obesity, each of which requires an individualized midwifery care approach.

The provision of preconception education, nutritional counseling, healthy lifestyle recommendations, and Tetanus Toxoid (TT) immunization has proven to be essential interventions in preparing the health condition of prospective mothers before pregnancy. The implementation of Continuity of Care during the preconception period is expected to improve physical readiness and knowledge among prospective brides, thereby reducing the risk of pregnancy complications and supporting the achievement of healthy pregnancy and childbirth.

SUGGESTION

Midwives are expected to enhance health screening activities, preconception education, and continuous nutritional counseling in order to detect risk factors early and prepare prospective mothers optimally before pregnancy. In addition, health service facilities such as community health centers are expected to strengthen preconception service programs through cross-sector collaboration, including with the Office of Religious Affairs (KUA), so that education and health services can reach prospective brides more widely. For the community, especially women of reproductive age and prospective brides, it is expected to be more active in utilizing preconception health services and increasing awareness of the importance of health preparation before pregnancy. Future research is recommended to involve a larger number of samples and use stronger research designs in order to obtain more comprehensive results regarding the effectiveness of Continuity of Care during the preconception period.

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REFERENCES

- Agustin, W. A. P., Anggari, R. S., & Haswita, H. (2023). Perilaku seksual pranikah pada remaja sebagai dampak penggunaan sosial media. *Jurnal Ilmiah Kesehatan Rustida*, 10(2), 164-172.
- Barokah, L., Agustina, S. A., & Zolekhah, D. (2022). Pengaruh Continuity of Care terhadap persalinan. *Media Publikasi Promosi Kesehatan Indonesia (MPPKI)*, 5(3), 272-275.
- Cunningham, F. G., Leveno, K. J., Bloom, S. L., Dashe, J. S., Hoffman, B. L., Casey, B. M., & Spong, C. Y. (2021). *Obstetrícia de Williams-25*. McGraw Hill Brasil.
- Dieny, F. F., & Rahadiyanti, A. (2019). *Gizi Prakonsepsi*. Bumi Medika (Bumi Aksara).
- Fakhriyah, F., Noor, M. S. N., Setiawan, M. I., Putri, A. O., Lasari, H. H., Qadrinnisa, R., & Abdurrahman, M. H. (2021). *Buku ajar kekurangan energi kronik (KEK)*.
- Fikawati, S., Syafiq, A., & Karima, K. (2015). *Gizi ibu dan bayi*.
- Gunderson, E. P. (2009). Childbearing and obesity in women: weight before, during, and after pregnancy. *Obstetrics and Gynecology Clinics*, 36(2), 317-332.
- Ministry of Health of the Republic of Indonesia. (2018). *Riset Kesehatan dasar 2018*. Retrieved from: <https://repository.badankebijakan.kemkes.go.id/id/eprint/3514/>
- Ministry of Health of the Republic of Indonesia. (2021). *Buku kesehatan ibu dan anak*. Retrieved from: <https://ebook.poltekkestasikmalaya.ac.id/2021/02/23/buku-kia-kesehatan-ibu-dan-anak/>
- Ministry of Health of the Republic of Indonesia. (2024). *Profil kesehatan Indonesia tahun 2023*. Retrieved from: <https://kemkes.go.id/id/profil-kesehatan-indonesia-2023>
- National Population and Family Planning Board. (2014). *Buku pegangan bagi petugas badan penasihat, pembinaan dan pelestarian perkawinan (BP4) tentang kursus pranikah untuk calon pengantin*. Retrieved from: <https://www.slideshare.net/slideshow/buku-pegangan-bagi-bp4-tentang-kursus-pranikah-untuk-calon-pengantin-seri-genre/86804348>
- Saleh, U. K. S., Kiah, F. K., & Wariyaka, M. R. (2022). Faktor-Faktor Yang Memengaruhi Pelaksanaan Continuity of Care (Coc) Oleh Bidan Di Kota Kupang. *JURNAL ILMIAH OBGIN: Jurnal Ilmiah Ilmu Kebidanan & Kandungan* P-ISSN: 1979-3340 e-ISSN: 2685-7987, 14(4), 60-68.
- Sunarsih, T. (2020). Asuhan Kebidanan Continuity of Care Di Pmb Sukani Edi Munggur Srimartani Piyungan Bantul. *Midwifery Journal*, 5(1), 39-44.
- Yulita, N., & Juwita, S. (2019). Analisis Pelaksanaan Asuhan Kebidanan Komprehensif (Continue of Care/COC) Di Kota Pekanbaru. *JOMIS (Journal of Midwifery Science)*, 3(2), 80-83.
- Yulivantina, E. V., & Suryantara, B. (2020). *Modul Praktikum Asuhan Pranikah Dan Prakonsepsi*.

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