

## ABSTRACT

Lintang Maulidina Arahmah (2025). *Midwifery Care for Pregnancy with Severe Preeclampsia at RSUD Sidoarjo Barat*. Case Study Scientific Writing, Diploma III Midwifery Program, Department of Midwifery, Health Polytechnic of the Ministry of Health Malang. Supervisor: Sri Rahayu, Dipl.Mid., S.Kep.Ners., M.Kes.

*Severe preeclampsia (PE) is one of the major pregnancy complications and a leading cause of maternal and fetal mortality. Early detection and appropriate midwifery care are essential to prevent further complications. This research is a case study of Mrs. S, a 35-year-old woman in her second pregnancy with risk factors including a family history of hypertension, advanced maternal age, complications in previous delivery, and multiparity. Data were collected through interviews, physical examinations, and document review. The subject experienced hypertension in the third trimester, with +3 proteinuria and platelet count  $<100,000/\mu\text{L}$ . The final diagnosis was GII P1001 Ab000, 36–37 weeks of gestation, single live intrauterine fetus in cephalic presentation with severe preeclampsia accompanied by breech sliding cord (BSC) and labor hindrance due to cephalopelvic disproportion (CPD). Midwifery care included administration of antihypertensive drugs, magnesium sulfate, close monitoring of maternal and fetal condition, and emergency termination of pregnancy via abdominal surgery. Post-termination, the mother's condition was stable, consciousness was good, and blood pressure was controlled. The baby was born alive, weighing 2,045 grams and measuring 42 cm in length, cried vigorously, and was immediately admitted to the perinatology unit for vital sign observation and nutritional support via nasogastric feeding tube (NGT). Prompt and appropriate management of severe preeclampsia proved to be life-saving for both mother and baby.*

**Keywords:** *Midwifery Care in Pregnancy, Early Detection, Risk Factors, Severe Preeclampsia*