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The Role of Continuity of Care Companions in Preparation For the Next Pregnancy After IUFD

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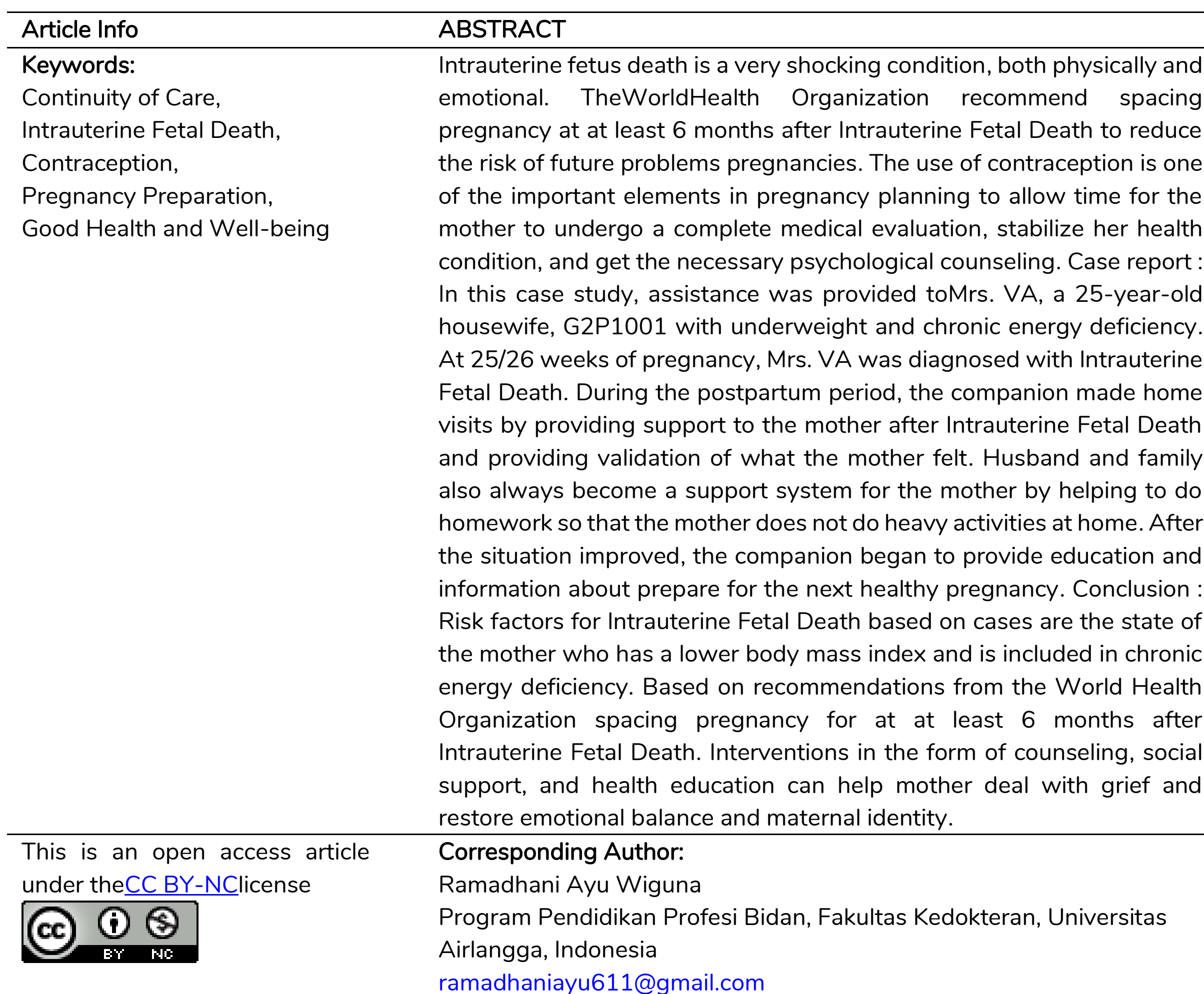

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ABSTRACT

Intrauterine fetus death is a very shocking condition, both physically and emotional. TheWorldHealth Organization recommend spacing pregnancy at at least 6 months after Intrauterine Fetal Death to reduce the risk of future problems pregnancies. The use of contraception is one of the important elements in pregnancy planning to allow time for the mother to undergo a complete medical evaluation, stabilize her health condition, and get the necessary psychological counseling. Case report : In this case study, assistance was provided toMrs. VA, a 25-year-old housewife, G2P1001 with underweight and chronic energy deficiency. At 25/26 weeks of pregnancy, Mrs. VA was diagnosed with Intrauterine Fetal Death. During the postpartum period, the companion made home visits by providing support to the mother after Intrauterine Fetal Death and providing validation of what the mother felt. Husband and family also always become a support system for the mother by helping to do homework so that the mother does not do heavy activities at home. After the situation improved, the companion began to provide education and information about prepare for the next healthy pregnancy. Conclusion : Risk factors for Intrauterine Fetal Death based on cases are the state of the mother who has a lower body mass index and is included in chronic energy deficiency. Based on recommendations from the World Health Organization spacing pregnancy for at at least 6 months after Intrauterine Fetal Death. Interventions in the form of counseling, social support, and health education can help mother deal with grief and restore emotional balance and maternal identity.

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INTRODUCTION

Perinatal mortality is an indicator of health quality during the antenatal and intranatal periods. Perinatal mortality is death that occurs during the fetal period to early neonatal, where this period has the highest mortality rate compared to all other periods of infant age (Juwita *et al.,* 2021). Indonesia is among the 10 countries with the highest number of maternal and newborn deaths in the world. At least every day 2 mothers and 6 neonates or newborns die in Indonesia (Juwita *et al.,* 2021). One of the indicators of perinatal health is fetal death in the womb or Intrauterine Fetal Death (IUFD), IUFD is the death of a fetus after 20 weeks of gestation and before birth. IUFD has a percentage of 29.5% as a cause of death in the

perinatal group. The occurrence of IUFD can be caused by maternal factors, including maternal age, gestational age, diseases experienced by the mother such as KPD, diabetes mellitus, eclampsia, pre eclampsia, fetal factors consist of congenital abnormalities and twin pregnancies, while placental factors consist of umbilical cord entanglement, placental abruption and placenta previa (Warnelis Sinaga, 2020).

Fetal death in the womb or intrauterine Fetal Death (IUFD) is a very shocking condition, both physically and emotionally. This event has a multidimensional impact on the mother, partner, and family. In addition to facing a deep sense of loss, women who experience IUFD are also faced with questions and concerns about subsequent pregnancies, especially regarding safety, body readiness, and the risk of recurrence of similar complications. Physiologically, a woman's body needs time to recover after pregnancy, including after IUFD. The process of uterine involution, hormonal recovery, and healing of reproductive organs requires varying amounts of time for each individual. World Health Organization (WHO) even recommends spacing pregnancies for at least 6 months after a miscarriage or IUFD to reduce the risk of problematic pregnancies in the future (Heazell *et al.,* 2024). In addition to physical recovery, psychological aspects such as grief, anxiety, or trauma also require special attention. Therefore, planning for the next pregnancy cannot be done in a hurry (Alvarez *et et al.,* 2023).

In this context, the use of contraception becomes one of the important elements in pregnancy planning after IUFD. Contraception not only serves to prevent premature pregnancy, but also provides time for the mother to undergo a complete medical evaluation, stabilize her health condition, and receive the necessary psychological counseling. The choice of contraception must be adjusted to the individual's medical condition, partner preferences, and long-term planning. Starting from hormonal contraception (such as combination pills, injections, or implants), non- hormonal (such as copper IUDs), to natural methods, all have their own advantages and limitations. In addition, spacing pregnancies also provides an opportunity to evaluate the cause of previous IUFD, if it is not yet known for certain. The results of this evaluation can be used to develop a prevention strategy for the next pregnancy, including intensive monitoring, accompanying treatment, or intervention if necessary. Thus, the next pregnancy can take place in more optimal and controlled conditions (Heazell *et et al.,* 2024).

Continuous midwifery care or *Midwifery Continuity of Care* is an approach that allows midwives to provide comprehensive and individual-centered care, taking into account the mother's medical, emotional and psychosocial needs (Sandall *et al.,* 2024). Mothers who experience infant loss (IUFD) require consistent and ongoing support. The presence of health workers who have established relationships since early pregnancy has the potential to provide greater positive impacts. Adequate support from the social environment, including family, health workers, and the community, is very important in helping mothers undergo the recovery process, adjust after loss, and prepare for the next pregnancy after IUFD (Jesus and Pratiwi, 2024).

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RESEARCH METHODS

This research uses a case report method (case study). report) with a descriptive qualitative approach to examine in depth the role of Continuity companions of Care (CoC) regarding preparation for the next pregnancy after an intrauterine event Fetal Death (IUFD). The subject of this study was a mother who had experienced IUFD and received continuous assistance from health workers, starting from the postpartum period to the next pregnancy planning process. Data were obtained through in-depth interviews with the main subject and the accompanying midwife, accompanied by observations of the assistance process and relevant medical documentation. The purposive sampling technique was used to select cases that were considered representative in describing the impact of CoC assistance as a whole.

Data analysis was conducted thematically, by identifying the main themes that emerged from the subject's narrative, such as the emotional recovery process, physical readiness, pregnancy planning, and the active role of midwives as companions. Data validity was maintained through triangulation of sources and methods, as well as direct verification to informants (members check) to ensure the accuracy of interpretation. This case report method allows researchers to understand the context and personal dynamics in depth, so that it can provide a concrete picture of the importance of ongoing assistance in helping mothers build physical and mental readiness to face subsequent pregnancies after IUFD.

RESULTS AND DISCUSSION

Case Report

In this case study, assistance was provided to Mrs. VA, a 25-year-old housewife. The diagnosis at the beginning of the assistance was G2P1001, gestational age 10-11 weeks, single fetus, alive, intrauterine. The last delivery was 4 years ago spontaneously in the hospital. The nutritional status during this pregnancy was in the underweight and KEK categories, namely Body Mass Index (BMI) before pregnancy 17.3 kg/m2 and upper arm circumference 22.5 cm. Based on the calculation of the Poedji Score Card Rochjati (KSPR), this pregnancy is included in the low-risk pregnancy category. This pregnancy is a planned pregnancy because the age of the first child is 4 years old, Mrs. VA and her husband think it is the right time to plan the next pregnancy. The family is very happy after knowing the condition of the pregnant mother, the husband also supports. During pregnancy, she regularly consumes several types of supplements such as folic acid, iron tablets, and calcium. Mrs. VA also has active health insurance, namely BPJS with first-level health facilities at the Keputih Health Center.

Seeing Mrs. VA's condition, which is included in the underweight and KEK category, the health center provided additional food and milk for pregnant women to gain weight during pregnancy. It is hoped that with the additional food and milk, the mother's weight will increase and BMI during pregnancy will be more ideal. In the first and second trimesters of pregnancy, the companion provided assistance at the health center and via *telehealth.* In the ultrasound and laboratory examinations in the first trimester, everything was within normal limits. *Telehealth assistance* was also provided when the mother asked about her various complaints. Such as complaints of nausea, vomiting, and dizziness that were felt, the

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companion recommended eating small amounts but often to overcome the complaints of nausea and vomiting, and advised not to do heavy activities first to reduce complaints of dizziness. On August 29, 2024, at 25/26 weeks of pregnancy, Mrs. VA had a pregnancy check-up at the health center and the results of the DJJ examination were not found, it was suspected that Mrs. VA had IUFD. After that, a referral was made from the health center to a further health facility, namely the hospital, to conduct a repeat ultrasound examination to confirm the diagnosis. At the hospital, the doctor said that the fetus was no longer beating and was diagnosed with IUFD. On August 30, 2024, a normal delivery was performed with induction. The fetus was born female and died.

During the postpartum period, COC companions make home visits to provide support to mothers after IUFD and provide validation of what the mother feels. Husbands and families also always provide support. system for mothers by helping with housework so that mothers do not do heavy activities at home. After the situation improved, the companion began to provide education and information about preparing for the next healthy pregnancy. Explaining the minimum time interval for the next pregnancy after IUFD, when is the time allowed to have sexual intercourse, and explaining the types of hormonal, non- hormonal, and natural birth control that can be used by mothers. Until now, mothers still want to postpone the next pregnancy by choosing to use natural birth control, namely condoms and calendars to prepare for the next healthier pregnancy.

Discussion

In this case, assistance was provided to mother G2P10001 with body mass index results entering the underweight category, and LILA measurement results entering the KEK category. At 25/26 weeks of pregnancy, the mother experienced an IUFD incident. In the study (Tantengco *et al.,* 2024) regarding the mother's body mass index before pregnancy, the results showed that there were more patients with a low body mass index (7.69%) and a normal body mass index (46.15%) among IUFD cases in the second trimester of pregnancy. Other studies also discussed the relationship between nutritional status and the incidence of IUFD, the results said that pregnant women with poor nutritional status can experience IUFD five times greater than pregnant women with good nutritional status. If the nutritional status is within the limits of less or more, it can cause fetal growth disorders in the womb which can ultimately cause fetal death in the womb (Intra Uterine Fetal Death).

The role of a companion in the post-IUFD period is to provide support and validation of what the mother feels. Being a friend conveys the story and feelings felt by the mother after IUFD without judging. Sadness is the most common response to post-loss conditions. The five stages of grief are denial, anger, bargaining, depression, and acceptance (Maslovich and Burke, 2025). Mothers who experience IUFD or perinatal loss often face challenges in rebuilding their maternal identity, as well as struggling with feelings of guilt, self-blame, and social stigma. A study by (Kharivhe *et al.,* 2023) highlighted that women who experience IUFD experience psychosomatic symptoms such as sleep disturbances, loss of appetite, and physical pain, which are often manifestations of grief and emotional stress. In addition, other studies emphasize that the lack of recognition and support from society and health workers regarding the emotional impact of perinatal loss can lead to unrecognized grief, which is

characterized by silent grieving and increased feelings of guilt and self-blame (De Albuquerque *et al.,* 2022). Research shows that social support programs, including counseling and family support, significantly improve maternal mental health outcomes. Health workers, especially midwives, have an important role in providing emotional support to mothers (Xie *et al.,* 2024). The first week after IUFD, the mother is still in a sensitive phase towards her feelings so it is necessary to validate what the mother is feeling so that there are no psychological deviations after IUFD. Effective assistance is very important in helping mothers overcome the psychological impacts after IUFD. Midwives can provide moral support, reassure the mother that the changes she feels are normal, and build good relationships so that open communication can be established.

Another role of the companion in this case is to involve the family in providing support. system to post-IUFD mothers. Providing counseling, information, and education not only to mothers, but also to families during the post-IUFD loss phase. Families are willing to always provide support to mothers, such as not leaving mothers alone at home and helping with housework. Good communication and an open attitude are very important in supporting mothers who are facing difficult times, with family and those closest to them as the main source of support. In cases of IUFD, support from health workers, family, and the community helps mothers in the grieving process, accepting the loss, restoring their emotional condition so that they can return to living their daily lives better, and preparing themselves for the next pregnancy (Sinaga *et al.,* 2020). So the role of the companion that has been carried out is in accordance with the theory regarding support for mothers after IUFD not only from health workers but also involving the family to provide support. system during the post-IUFD postpartum period and preparation for the next pregnancy.

In this case, the role of other companions is to provide counseling, information, and education to the mother and family regarding the minimum distance for the next pregnancy after IUFD, which is 6 months. After the Intrauterine incident Fetal Death (IUFD), it is important for mothers not to immediately get pregnant again before their bodies and mental conditions are ready. Based on recommendations from the World Health Organization Organization spacing pregnancies for at least 6 months after a pregnancy loss, including IUFD, can reduce the risk of obstetric complications in subsequent pregnancies, such as preterm birth, low birth weight, and recurrent IUFD. A history of stillbirth also increases the risk of maternal and neonatal complications in subsequent pregnancies. Too short an interval between pregnancies (less than 6 months) can cause disruption of biological recovery in the mother, such as hormonal imbalance, suboptimal uterine recovery, and decreased nutrient reserves (Heazell *et al.,* 2024). The assistance provided is important, by providing counseling, information, and education to mothers and families regarding the minimum spacing of subsequent pregnancies after IUFD, this is expected to increase the mother's concern for her own condition in preparation for the next pregnancy so that unwanted things do not happen again.

In spacing pregnancies after IUFD, the method that can be done is by using contraception. The role of companions in choosing contraception has been carried out by providing counseling, education, and information on various types of hormonal, non-

hormonal, and natural contraception, as well as the advantages and disadvantages of each of these contraceptives as an option chosen by the mother according to her condition. The use of contraception in this context is not only intended as a means of birth control, but also as a therapeutic and preventive tool in post-IUFD reproductive health management (Das *et al.,* 2024). By giving the body and mind time to recover, contraception helps create safer and more controlled conditions for subsequent pregnancies. The choice of contraceptive method should be done individually based on health conditions, preferences, and future pregnancy plans (Bangal *et al.,* 2020). Some contraceptive methods that can be considered include short-term hormonal contraception (combination pills, progestin- only pills) which are suitable for mothers who want to postpone pregnancy in the short term. Long-term contraception (implants, IUDs) is recommended if pregnancy is desired for more than 1 year. Natural methods and periodic abstinence can be used if the mother's psychological condition is still sensitive to the use of contraceptives (Makins & Cameron, 2020). The assistance provided is in accordance with providing counseling, education, and information regarding the various types of contraception as an option chosen by the mother while still emphasizing the importance of two-way communication between health workers and clients in choosing this contraception to ensure that the contraceptive method is in accordance with the biological, emotional, and social needs of the patient.

The condition of the mother before pregnancy is included in the underweight and KEK category, in preparing for the next pregnancy, the role of the companion that has been carried out is to encourage the mother to consult with a nutritionist at the health center to achieve optimal body weight so that the pregnancy outcome is better than before. Pregnant women with poor nutritional status (underweight) and at risk of experiencing Chronic Energy Deficiency (KEK) require special attention in preparing for pregnancy. This decrease in nutritional status can increase the risk of obstetric and neonatal complications, such as low birth weight (LBW), intrauterine growth retardation (IUGR), anemia, and premature rupture of membranes (PROM). Pregnancy preparation for mothers with Chronic Energy Deficiency (KEK) nutritional status requires a multidisciplinary approach, including intensive collaboration with nutritionists to ensure the fulfillment of energy and essential micronutrient needs. Consultation with a nutritionist can be used to design a diet that suits individual needs, as well as to monitor weight development and nutritional status regularly. Based on research, planned nutritional interventions before pregnancy have been shown to be significant in improving the mother's anthropometric status, improving iron reserves, and reducing the risk of pregnancy complications such as low birth weight (LBW) (Hambidge *et al.,* 2019). Therefore, consultation with a nutritionist for KEK and underweight mothers in this case to prepare for a healthier next pregnancy with a pre -conception nutrition intervention program, including supplementation, balanced diet education, and body mass index (BMI) monitoring, is highly recommended to optimize pregnancy readiness for mothers with KEK.

Emotional readiness is an aspect that is no less important than physical readiness. Before planning the next pregnancy, the mother needs to go through a healthy grieving process so as not to bring anxiety or trauma into the new pregnancy. In this case, the role of health workers, especially midwives, doctors, and clinical psychologists, is very important in

providing structured assistance, which includes post-IUFD counseling to help the mother identify and manage the emotions that arise. Monitoring mental readiness, through routine psychological assessments to assess whether the mother is ready to undergo another pregnancy. Reproductive education, including an understanding of the importance of contraception, body recovery, and early detection of the risk of the next pregnancy. Involvement of partners, as the main support system, which contributes to contraceptive decision-making and pregnancy readiness. Research shows that women who receive continuous psychological support after IUFD show lower levels of anxiety and depression and have more positive subsequent pregnancy experiences compared to those who do not receive assistance.

Midwifery Continuity of Care is an approach that allows midwives to provide holistic and person-centered care, taking into account the mother's medical, emotional, and psychosocial needs. This approach shows advantages in various ways, such as being able to provide a more positive experience, increase maternal confidence, better quality of service, more intense emotional support, a closer relationship between the mother and health workers, and more effective postpartum physical recovery (Sandall *et al.,* 2024). Mothers who experience infant loss (IUFD) require consistent and ongoing support. The presence of health workers who have established relationships since early pregnancy has the potential to provide greater positive impacts. Companions play a role in identifying the mother's support needs, available sources of support, and strategies to optimize this support. Adequate support from the social environment, including family, health workers, and the community, is very important in helping mothers undergo the recovery process, adjust after loss, and prepare for the next pregnancy after IUFD (Jesus and Pratiwi, 2024). Therefore, the application of the *Continuity model of Care* in IUFD cases is an important element in obstetric services that pay attention to all aspects, not only physical needs but also the emotional and psychosocial needs of the mother as a whole after the loss and can prepare herself for the next pregnancy.

The limitation of this assistance is that the assistant does not *follow up up* again regarding the recommendations that have been given previously, namely encouraging mothers to consult a nutritionist at the health center to prepare for the next pregnancy. The companion only provides information, but does not reconfirm to the mother whether the mother has consulted or not. Regular follow-up of consultation visits to nutritionists at the health center is very important for mothers with Chronic Energy Deficiency (CED) in the pre - conception phase, because systematic nutrition education has been proven to increase knowledge and the ability to plan a balanced diet, so it has the potential to improve nutritional status before the next pregnancy (Sudirman *et al.,* 2023). So this can be input for the future, mentoring is not only done by providing information but also by carrying out periodic follow-ups or *follow-ups. up* again.

Another limitation of this assistance is that the assistants do not report and cooperate with the cadres or midwives of the health center regarding the problems that occur. The provision of nutritional information and continuous assistance carried out by cadres or health workers is carried out as an effort to improve the nutritional status of KEK mothers. Providing

attention, encouraging, providing solutions, providing services or assistance, referring, mobilizing and collaborating are forms of assistance carried out (Ministry of Health of the Republic of Indonesia, 2021). The results of the study showed that local communicators who were trained came from posyandu cadres and community leaders for health promotion efforts to convey information (Rahmawati *et al.,* 2023). Therefore, this assistance should also be carried out in collaboration with cadres and also health center midwives so that the intervention is not carried out alone.

In this case, the intervention that can be added is the importance of collaborating with psychologists at the health center regarding postpartum examinations, especially for mothers after IUFD. Examination at the psychology clinic for postpartum mothers is very crucial in Indonesia because during this period they are susceptible to psychological disorders such as postpartum blues, anxiety, and depression. Based on national studies, the prevalence of postpartum depression reaches 50-70 %, so that early screening and evidence-based psychological interventions (e.g. through the EPDS scale and counseling) can prevent long-term impacts on the mother, baby, and family (Anggarani *et al,* 2024). For postpartum mothers, especially those experiencing IUFD, it is also important to have regular check-ups at the psychology clinic because the postpartum phase after losing a fetus can cause deeper emotional trauma compared to postpartum mothers with live babies (Sinaga *et al. al.,* 2020). Although in practice, psychological screening and intervention are still rarely carried out in primary health facilities in Indonesia (Baitanu *et al.,* 2025). Another study found that 53.3% of mothers experienced postpartum blues, but screening recommendations were only made before discharge from the hospital, indicating that not all mothers received a comprehensive psychological examination (Ernawati *et al.,* 2020). The presentation shows the importance of psychological examination in primary health care centers during the postpartum period, especially for post-IUFD mothers who experience deep emotional trauma after loss.

CONCLUSION

Risk factors for IUFD based on cases are the condition of the mother who has a low body mass index and is included in the KEK category. Pregnant women who experience IUFD require intensive psychological support to overcome the emotional and psychological impact of the loss. The role of personal health worker companions, such as midwives, is very important in providing emotional support, information, and education. Interventions in the form of counseling, social support, and health education can help mothers deal with grief and restore their emotional balance and maternal identity. Post- Intrauterine Fetal Death (IUFD), it is important for mothers not to immediately get pregnant again before their bodies and mental conditions are ready. In spacing pregnancies after IUFD, one way that can be done is by using contraception. Other pregnancy preparations for mothers with Chronic Energy Deficiency (CED) nutritional status require a multidisciplinary approach, including intensive collaboration with nutritionists to ensure the fulfillment of energy and essential micronutrient needs. The assistance provided is important, by providing counseling, information, and education to mothers and families, it is hoped that it can increase mothers' awareness of their own condition in preparation for the next pregnancy so that unwanted things do not happen

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