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CASE REPORT: PREGNANT WOMAN WITH A 14 WEEK GAP DUE TO CONDOM FAILURE

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ABSTRACT

Pregnancies that occur within a short interval are often the result of contraceptive failure. When the interpregnancy interval is less than 24 months, the pregnancy is classified as high-risk because it increases the likelihood of maternal and neonatal complications, including anemia, hemorrhage, preterm labor, and fetal growth restriction. This case report seeks to describe the comprehensive midwifery care provided to a woman experiencing a high-risk pregnancy with a 14-month interval following condom failure, with the aim of preventing maternal and neonatal complications.

The report adopts a descriptive case study approach. The subject, Mrs. I (G3P2A0), was between 20 and 28 weeks of gestation and categorized as high-risk due to the short interpregnancy interval. Data were collected through history taking, observation, physical examination, supporting investigations, documentation, and literature review. Mrs. I's pregnancy was considered high-risk because of the 14-month interval, yet during monitoring her condition remained stable. Vital signs were normal, hemoglobin levels were within the expected range, fetal growth corresponded to gestational age, and no complications were observed.

Midwifery care included routine antenatal monitoring, nutritional assessment and counseling, hemoglobin evaluation and iron supplementation, education on balanced nutrition, early detection of risk factors, counseling on danger signs in pregnancy, and postpartum contraceptive counseling. Continuous and comprehensive care for high-risk pregnancies with short interpregnancy intervals such as Mrs. I's case proved essential in maintaining maternal and fetal well-being. This approach not only supported the mother's readiness for pregnancy but also helped prevent complications associated with closely spaced pregnancies and reduced the risk of repeated contraceptive failure.

Keywords: high-risk pregnancy; short interpregnancy interval; condom failure; midwifery care; family planning

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INTRODUCTION

Pregnancy is a natural physiological process, yet it can develop into a pathological condition when accompanied by certain risk factors. High-risk pregnancies may arise from maternal factors such as age under 20 or over 35, anemia, and hypertension, as well as obstetric factors including a history of complications, short interpregnancy intervals, and multiparity. These risks continue to contribute to the persistently high maternal mortality rate in Indonesia(1). One of the most significant obstetric risks is a short interpregnancy interval, defined as conception occurring less than 24 months after the previous delivery. This condition remains common,

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particularly among women with limited access to family planning services and reproductive health education[2].

Contraceptive failure plays a central role in determining pregnancy spacing. Inadequate knowledge among couples of reproductive age regarding correct contraceptive use, especially condoms, often leads to misuse. Errors such as improper placement, delayed use after penetration, or removal before ejaculation increase the risk of leakage or spillage of semen, thereby reducing effectiveness[3]. National survey data further emphasize the scale of this issue: the 2017 Indonesian Demographic and Health Survey reported that 29% of births occurred with intervals shorter than 24 months, and 9% with intervals under 18 months, despite WHO's recommendation of a minimum 24-month interval[2].

Globally, contraceptive failure is recognized as a major cause of unintended pregnancies. WHO estimates annual failure rates of less than 1% for IUDs, 6–12% for oral contraceptives, 18–21% for condoms, and more than 24% for withdrawal methods, highlighting the importance of appropriate method selection and consistent counseling[4]. When contraceptives fail, pregnancies may occur sooner than planned, increasing the risk of complications associated with short interpregnancy intervals. If midwifery care is not provided optimally, such pregnancies may contribute to maternal and neonatal morbidity and mortality, including anemia, hemorrhage, preterm birth, and fetal growth restriction[5].

Continuous and comprehensive midwifery care is therefore essential to detect and manage risk factors, ensuring improved maternal and neonatal outcomes[6]. Although pregnancies with intervals shorter than 24 months are relatively common, cases with extremely short spacing such as 14 months due to condom failure are rarely documented in primary care case reports. Such cases are clinically significant and carry educational value, as they illustrate the link between contraceptive misuse, non-ideal pregnancy spacing, and maternal risk. For this reason, the present case report entitled *"Pregnant Woman with a 14-Month Interpregnancy Interval Due to Condom Failure at PMB Midwife 'J', Lembeyan, Magetan District"* was developed as a learning resource and evaluation material to strengthen the quality of midwifery services.

Background

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Goal

This case report aims to present the application of comprehensive midwifery care in a high-risk pregnancy with a short interpregnancy interval of 14 months, resulting from condom failure. The focus is on identifying maternal and neonatal risk factors associated with closely spaced pregnancies and describing the management strategies implemented to prevent complications.

The report outlines the process of assessment and risk identification during pregnancy, emphasizing the potential consequences of a 14-month interval. It further highlights the application of continuous and holistic midwifery care, including antenatal monitoring, nutritional counseling, and preventive interventions, as an effort to reduce maternal and neonatal risks. By documenting this case, the study underscores the importance of comprehensive care in managing high-risk pregnancies and provides valuable insights for strengthening midwifery practice, particularly in the prevention of complications arising from short interpregnancy intervals.

METHODS

This final project employed a descriptive approach using the case report format, selected because it enables the author to present in detail one real case encountered in the field[7]. The study was conducted at PMB Midwife "J" in Pupus Village, Lembeyan District, Magetan Regency, East Java, in accordance with the clinical practice schedule established by the educational institution.

The subject of the case was Mrs. I, G3P2A0, at 13–27 weeks of gestation, who experienced a high-risk pregnancy due to a very short interpregnancy interval of 14 months following condom failure[8]. The assessment process was carried out systematically through interviews, observation, physical examination, supporting investigations, documentation, and analysis of medical records to ensure complete and accurate data collection[7]. The stages of care included problem identification, planning, implementation, and evaluation, all conducted under the supervision of clinical preceptors and academic mentors[9].

Ethical principles were upheld throughout the study. The client was provided with clear explanations regarding the objectives, benefits, and procedures, and gave voluntary consent through an informed consent form[10]. Confidentiality was maintained by protecting personal

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identity, and all data were used solely for educational purposes. The study adhered to professional codes of ethics, patient safety standards, and evidence-based practice to ensure the quality and safety of midwifery care[7].

RESULTS

The case subject, Mrs. I, is a third-time pregnant woman (G3P2A0) at 20–28 weeks of gestation, with a short interpregnancy interval of 14 months following her previous delivery. This interval placed her pregnancy in the high-risk category, as confirmed by a Poedji Rochjati Score (KSPR) of 6[11]. The short spacing was linked to contraceptive failure, as she had relied on condoms postpartum but used them inconsistently and stored them improperly, reducing their effectiveness[12].

Throughout antenatal monitoring, both maternal and fetal conditions remained stable. Vital signs were normal, hemoglobin levels were within safe limits, and fetal growth matched gestational age. No complications such as anemia, preterm labor, or intrauterine growth restriction were identified during the assessment[8].

Midwifery care emphasized preventive measures. Mrs. I received iron supplementation (Fe tablets and MMS), nutritional counseling to gradually increase protein intake, and advice to reduce excessive sugar consumption to maintain metabolic balance. She was also educated on second-trimester needs, recognition of danger signs, and postpartum family planning. After discussion with her husband, she decided to use an implant as a long-acting contraceptive method[13].

Psychological screening revealed low anxiety levels, supported by strong family involvement. This protective factor contributed to her compliance with antenatal visits, supplement intake, and healthy lifestyle adjustments[14].

Overall, the application of continuous and comprehensive midwifery care including early risk detection, routine antenatal monitoring, health education, nutritional support, and family planning counselling successfully maintained maternal and fetal well-being, enhanced her readiness for childbirth, and reduced the likelihood of complications associated with short interpregnancy intervals[5].

DISCUSSION

This case illustrates the interplay between clinical and behavioral factors in high-risk pregnancy due to a short interpregnancy interval. The Poedji Rochjati Score (KSPR) of 6 confirmed the elevated risk, consistent with evidence that intervals shorter than 24 months significantly increase the likelihood of maternal and neonatal complications such as anemia, preterm birth, and intrauterine growth restriction[11].

The etiology of this case was directly linked to condom contraceptive failure. Although condoms are effective when used correctly, improper storage and inconsistent use reduce their reliability. This finding aligns with national data indicating that condom failure remains a major contributor to unintended pregnancies, particularly among couples with limited knowledge of correct usage[12]. The case emphasizes the importance of family planning counseling that not only guides method selection but also educates couples on proper use and storage.

Clinically, antenatal monitoring revealed stable maternal and fetal conditions, with normal vital signs, adequate hemoglobin levels, and fetal growth appropriate for gestational age. However, normal findings at early assessment should not reduce vigilance, as short pregnancy intervals predispose mothers to nutritional depletion and late-trimester complications[8]. Preventive care was therefore prioritized, including iron supplementation, nutritional

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counseling to improve protein intake, and education on reducing sugar consumption to maintain metabolic balance[13].

Psychological and social factors provided protective support. Mrs. I demonstrated low anxiety levels and benefited from strong family involvement, which facilitated compliance with antenatal visits, supplement intake, and lifestyle adjustments. This is consistent with research highlighting that family support enhances maternal adherence to care and reduces psychological burden in high-risk pregnancies[14].

A significant outcome was the mother's eventual decision to adopt a long-acting contraceptive method postpartum. Initially hesitant about implants, she became confident after counseling and discussions with her husband. This reflects the effectiveness of comprehensive counseling in overcoming psychological barriers and ensuring safer reproductive planning. Long-acting methods such as implants are recognized as more effective than user-dependent methods like condoms in preventing unintended pregnancies and reducing recurrence of short-interval pregnancies[15].

In conclusion, this case demonstrates that continuous and comprehensive midwifery care encompassing early risk detection, routine antenatal monitoring, nutritional support, psychological reinforcement, and family planning counselling can maintain maternal and fetal well-being, enhance readiness for childbirth, and reduce complications associated with short interpregnancy intervals[5].

CONCLUSION

The findings from this case highlight the complexity of managing high-risk pregnancies when the interpregnancy interval is too short. Mrs. I conceived again only 14 months after her previous delivery due to condom contraceptive failure. This placed her at elevated risk, not only because of the short spacing itself but also due to incomplete recovery of maternal nutritional reserves, the use of a less effective contraceptive method, and the potential for maternal and neonatal complications, even though her initial clinical condition appeared stable.

Comprehensive midwifery care was therefore essential. The interventions included risk education, balanced nutrition counseling, iron and micronutrient supplementation, routine antenatal monitoring, education on danger signs, postpartum family planning counseling, and preparation for delivery with complication prevention strategies. These measures, delivered consistently, helped maintain maternal and fetal well-being, improved compliance, and supported prevention of complications associated with short pregnancy intervals.

Psychological and social factors further strengthened outcomes. Mrs. I demonstrated low anxiety levels and benefited from strong family support, which enhanced her adherence to antenatal visits, supplement intake, and lifestyle adjustments. This protective environment reflects the importance of integrating psychosocial care into antenatal management for high-risk pregnancies.

A significant milestone was her decision to adopt a long-acting contraceptive method postpartum after counseling and discussion with her husband. This shift illustrates the effectiveness of counseling in overcoming psychological barriers and ensuring safer reproductive planning. Long-acting methods such as implants are recognized as more reliable than user-dependent methods like condoms, thereby reducing the recurrence of short-interval pregnancies.

In conclusion, continuous and comprehensive midwifery care tailored to the needs of high-risk pregnant women can effectively address existing risk factors, safeguard maternal and fetal health, and support the achievement of a safe pregnancy and delivery.

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