

A CASE REPORT PRIMIGRAVIDA PREGNANT WOMAN WITH AN OVARIAN CYST

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ABSTRACT

Introduction: Ovarian cysts are one of the adnexal masses that may be detected during pregnancy, either incidentally through ultrasonography or due to the presence of clinical symptoms. Although most ovarian cysts are benign and may resolve spontaneously, some cases may lead to complications such as ovarian torsion, rupture, hemorrhage, and disturbances during pregnancy and childbirth. Therefore, comprehensive and collaborative midwifery care is essential to monitor maternal and fetal well-being and to prevent potential complications. **Objective:** To describe the implementation of comprehensive midwifery care for a primigravida woman with an ovarian cyst using the midwifery management approach and SOAP documentation. **Method:** This study employed a case report method involving a primigravida woman with an ovarian cyst. Comprehensive midwifery care was provided using the midwifery management approach and documented using the SOAP format. **Results and Discussion:** Mrs. S was a second-trimester primigravida diagnosed with an ovarian cyst who received comprehensive midwifery care, including assessment, maternal and fetal monitoring, health education, and collaborative management with an obstetrician and gynecologist. During three antenatal care visits, both maternal and fetal conditions remained stable, lower abdominal pain gradually decreased, no complications were identified, and the patient demonstrated a good understanding of the importance of regular antenatal care. **Conclusion:** Comprehensive midwifery care using the midwifery management approach and SOAP documentation was effective in maintaining stable maternal and fetal conditions, facilitating early detection of complications, and supporting a safe pregnancy. Regular antenatal care and collaboration with healthcare professionals are recommended to optimize maternal and fetal outcomes.

Keywords : Antenatal Care; Case Report; Midwifery Care; Ovarian Cyst; Primigravida.

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INTRODUCTION

An ovarian cyst during pregnancy is a fluid-filled sac or a mass containing both fluid and solid components that develops in the ovary and is identified while a woman is pregnant. The cyst may have been present before conception or may develop during early pregnancy, and it is often detected incidentally during routine ultrasonography (USG) examinations. The presence of an ovarian cyst may compete with the fetus for maternal nutritional resources, potentially impairing fetal growth and increasing the risk of low birth weight (LBW). Therefore, regular

monitoring of ovarian cysts throughout pregnancy is essential to prevent fetal growth restriction and other adverse pregnancy outcomes (Kemenkes RI, 2020).

According to the Indonesia Demographic and Health Survey (IDHS) 2022, the incidence of ovarian cysts during pregnancy in Indonesia ranges from 0.9% to 8.8%. Adnexal masses diagnosed during pregnancy have an estimated malignancy rate of 2-10 cases per 100,000 pregnancies. Furthermore, ovarian cysts are reported in 53.3% of premenopausal women and 46.7% of postmenopausal women (SDKI, 2022).

Ovarian cysts may present with lower abdominal pain, abdominal fullness, menstrual disturbances, and serious complications such as ovarian torsion or cyst rupture, which may endanger maternal health. During pregnancy, the presence of an ovarian cyst requires careful monitoring because it may affect maternal well-being and increase the risk of pregnancy-related complications if not managed appropriately (Manique & Ferreira, 2022).

Several risk factors have been associated with the development of ovarian cysts, including exposure to free radicals, nulliparity, the use of ovulation-inducing agents and tamoxifen, pregnancy, hypothyroidism, smoking, and tubal ligation. These factors may disrupt hormonal balance and ovarian function, thereby interfering with normal ovulation and promoting cyst formation. During pregnancy, ovarian cysts may increase the risk of miscarriage, preterm birth, fetal malpresentation, fetal growth restriction, and labor complications caused by obstruction of the birth canal. In certain cases, ovarian cysts may also necessitate surgical intervention, including cesarean delivery or cystectomy during pregnancy (Napitu et al., 2025).

Cases of ovarian cysts in primigravida women are relatively uncommon in midwifery practice because most ovarian cysts detected during pregnancy are incidental findings and remain asymptomatic. These cysts may result from pregnancy-related hormonal changes that influence ovarian activity, particularly the persistence of corpus luteum cysts that fail to regress after ovulation, or from pre-existing ovarian cysts that are first detected during routine antenatal ultrasonography. This case is noteworthy because the ovarian cyst was identified during a first pregnancy, a condition that may cause considerable psychological distress and anxiety for the mother while increasing the risk of complications such as abdominal pain, miscarriage, ovarian torsion, hemorrhage, or cyst rupture if appropriate monitoring is not provided (Hapsari et al., 2025).

METHODS

This research is a type of qualitative research with a Case Report approaches. The subject of this case report was Mrs. S, a 23-year-old primigravida diagnosed with an ovarian cyst during pregnancy. The focus of this case report was to describe the implementation of comprehensive midwifery care tailored to the patient's clinical condition and individual needs. This case report was conducted at Mrs. S's residence in Temboro, Magetan, and at the Temboro Auxiliary Public Health Center (Pustu), Magetan, Indonesia. This case report was conducted from January to May 2026, corresponding to the period of monitoring and providing antenatal midwifery care to the study participant. The midwifery management in this case report was based on the Subjective, Objective, Assessment, and Plan (SOAP) approach, which included subjective and objective assessments, clinical evaluation, and the planning and implementation of midwifery care. The midwifery care described in this case report was provided by a Diploma III Midwifery student acting as a student midwife under the supervision and guidance of a clinical midwife preceptor at the practice site.

RESULTS

The patient was Mrs. S, a 23-year-old primigravida at 28 weeks of gestation who was diagnosed with an ovarian cyst measuring 4.5 × 4.8 cm during routine ultrasonography performed at 7-8 weeks of pregnancy. She presented with intermittent mild lower left abdominal pain and decreased appetite without vaginal bleeding, leakage of amniotic fluid, severe abdominal pain, or fever. Her pregnancy was otherwise uncomplicated, and fetal movements were perceived appropriately for gestational age. Comprehensive antenatal midwifery care was provided using the Subjective, Objective, Assessment, and Plan (SOAP) approach. The interventions included regular maternal and fetal assessments, monitoring of vital signs and fetal well-being, health education regarding ovarian cysts and pregnancy danger signs, nutritional counseling, iron supplementation, advice to avoid strenuous physical activities, psychological support, and collaborative care with an obstetrician. During four antenatal follow-up visits, the patient's general condition remained stable, and fetal growth and well-being were appropriate for gestational age. The intensity of lower abdominal pain gradually decreased, no obstetric or ovarian cyst-related complications, such as torsion, rupture, or hemorrhage, were observed, and serial ultrasonography demonstrated a reduction in cyst size from 4.5 × 4.8 cm to 4.0 × 4.2 cm. The patient also demonstrated good adherence to antenatal care recommendations and understood the importance of routine follow-up and early recognition of pregnancy danger signs.

DISCUSSION

This case report describes the implementation of comprehensive midwifery care for a 23-year-old primigravida diagnosed with an ovarian cyst during pregnancy. The ovarian cyst was detected incidentally during routine ultrasonography at 7-8 weeks of gestation, with an initial size of 4.5 × 4.8 cm. This finding is consistent with the literature indicating that most ovarian cysts during pregnancy are asymptomatic and are commonly identified during routine antenatal ultrasound examinations rather than through clinical symptoms. Early detection allows healthcare providers to determine an appropriate management strategy while minimizing maternal and fetal risks.

The patient presented with intermittent mild lower abdominal pain and decreased appetite but did not experience vaginal bleeding, fever, rupture of membranes, or other symptoms suggestive of acute complications. Throughout pregnancy, maternal vital signs remained within normal limits, fetal movements were normal, and fetal growth corresponded to gestational age. These findings indicate that the ovarian cyst did not adversely affect maternal or fetal well-being during the observation period.

Comprehensive antenatal midwifery care was provided using the Subjective, Objective, Assessment, and Plan (SOAP) approach. The care included routine maternal and fetal assessments, monitoring of fetal heart rate and uterine fundal height, nutritional counseling, iron supplementation, education regarding ovarian cysts and pregnancy danger signs, recommendations to avoid strenuous physical activity, psychological support, and close collaboration with an obstetrician. This comprehensive and continuous approach facilitated early identification of any changes in maternal or fetal condition and ensured that appropriate interventions could be implemented when necessary.

Serial ultrasonographic examinations demonstrated a gradual reduction in ovarian cyst size from 4.5 × 4.8 cm to 4.0 × 4.2 cm. The patient also reported progressive improvement in lower abdominal pain during follow-up visits. No complications such as ovarian torsion, cyst rupture, hemorrhage, miscarriage, preterm labor, or fetal growth restriction were observed. These

findings support previous reports that many ovarian cysts diagnosed during pregnancy can be managed conservatively when they are uncomplicated, relatively small, and show no suspicious ultrasonographic features. Regular antenatal surveillance remains essential to detect any progression that may require surgical intervention.

Patient education represented an important component of the management provided in this case. Following counseling, the patient demonstrated good adherence to routine antenatal care, complied with recommendations regarding balanced nutrition, iron supplementation, adequate rest, and avoidance of heavy physical activities. Furthermore, the patient was able to recognize pregnancy danger signs and understood the importance of seeking immediate medical attention if severe abdominal pain, vaginal bleeding, decreased fetal movement, or other warning symptoms occurred. Family support also contributed positively by reducing maternal anxiety and encouraging adherence to the recommended care plan.

The findings of this case are comparable with previous studies reporting that early diagnosis through ultrasonography, regular antenatal monitoring, and multidisciplinary management contribute to favorable maternal and fetal outcomes in pregnancies complicated by ovarian cysts. Conservative management remains an appropriate option for patients without clinical or ultrasonographic evidence of malignancy or acute complications, whereas surgical intervention should be reserved for selected cases presenting with persistent enlargement, torsion, rupture, hemorrhage, or suspicion of malignancy.

Nevertheless, this report has several limitations. As it describes only a single patient, the findings cannot be generalized to all pregnant women with ovarian cysts. In addition, the observation period was limited to the antenatal period and did not include maternal and neonatal outcomes after delivery. Despite these limitations, this case highlights the important role of comprehensive, continuous, and collaborative midwifery care in maintaining maternal and fetal well-being, promoting adherence to antenatal care, facilitating early detection of complications, and supporting a safe pregnancy in women with ovarian cysts.

CONCLUSION

This case report demonstrates that comprehensive antenatal midwifery care using the Subjective, Objective, Assessment, and Plan (SOAP) approach was effective in managing a 23-year-old primigravida with an ovarian cyst during pregnancy. A systematic approach to assessment, diagnosis, planning, implementation, and evaluation enabled continuous monitoring of maternal and fetal health and facilitated the early identification of potential complications.

Throughout the observation period, the patient remained in good general condition, with stable vital signs and appropriate fetal growth and well-being. Conservative management, combined with regular antenatal surveillance, health education, nutritional counseling, iron supplementation, psychological support, and close collaboration with an obstetrician, contributed to a favorable clinical outcome. The patient's lower abdominal pain gradually decreased, serial ultrasonography demonstrated a reduction in ovarian cyst size from 4.5 × 4.8 cm to 4.0 × 4.2 cm, and no complications such as ovarian torsion, cyst rupture, hemorrhage, miscarriage, or preterm labor were observed during follow-up.

This case highlights the important role of midwives in providing evidence-based, woman-centered, and continuous antenatal care for pregnant women with ovarian cysts. Early detection through routine ultrasonography, regular follow-up, patient education, and multidisciplinary collaboration are essential to optimize maternal and fetal outcomes while minimizing the risk of pregnancy-related complications.

Although this report describes only a single case and therefore cannot be generalized to all pregnant women with ovarian cysts, it provides valuable clinical evidence that conservative management accompanied by comprehensive and collaborative midwifery care can be a safe and effective approach for uncomplicated ovarian cysts during pregnancy. Further case reports and larger prospective studies are recommended to strengthen the evidence regarding optimal management strategies and pregnancy outcomes in women with ovarian cysts.

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