

Midwife Care In Ny.R Family Planning With Implant Method In Mandiri Midwife Practice Sri Kurniawati

Tri Suci Dewi Wati¹, Indri Wahyuni²

Midwifery Study Program, STIKes Putra Abadi Langkat

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ABSTRACT

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Efforts are being made to control the population and direct the mobility of the population to create a society that grows in balance with the family planning program (KB). A quality and prosperous small family can be planned by every family through the family planning program. Providing family planning midwifery care to Mrs. Implant acceptor using Varney's 7-step obstetric management. The case study used a descriptive method with the scope of patients being Kb implant acceptors, when it was carried out on June 3, 2021 to June 7, 2021 at PMB Sri Kurniawati according to midwifery science. On June 3, 2021 to June 7, 2021 Mrs. R has become an implant KB acceptor, the implant is installed well and the mother has received therapy. Family planning care is done by providing counseling to mothers about the contraceptives used so that Mrs. Rahayu decided to become a new acceptor of KB implants by signing the infoconsent that had been given to the mother for implant placement. After post-implant installation, the mother received KIE regarding post-implant family planning treatment.

E-mail:

trisucidewi@gmail.com,
wahyuni@gmail.com

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1. Introduction

According to the World Health Organization (WHO) (2019) contraceptive use has increased in many parts of the world, especially in Asia and Latin America and lowest in Sub-Saharan Africa. Globally, users of modern contraception such as birth control pills, birth control injections, implants/norplants/implants, IUD/IUD/spiral, vasectomy and tubectomy have increased insignificantly from 54% in 1990 to 57.4% in 2014. Regionally, the proportion of women of childbearing age (WUS) 15-49 years reporting the use of modern contraceptive methods has increased at least in the last 6 years. In Africa from 23.6% to 27.6%, in Asia it has increased from 60.9% to 61.6%, while Latin America and the Caribbean rose slightly from 66.7% to 67.0%. An estimated 225 million women in developing countries wish to delay or stop fertility but do not use any contraceptive method for the following reasons: limited choice of contraceptive method and experience side effects. The unmet need for contraception is also still too high. This injustice is driven by population growth (WHO, 2019).

The results of the 2020 population census from population administration data show that the total population of Indonesia is 271,349,889 people. Of this number, the female population reached 134,229,988 and the male population was 137,119,901 people, and there were 86,437,053 family cards (M.Idris, 2020).

The National Population and Family Planning Agency (BKKBN) of North Sumatra Province (Sumut) stated that in 2017 it reached 282,478. As of January, the achievement has reached 31,642 PB or 11.20% of PMM. The targets to be achieved in 2017 include the Long-Term Contraceptive Method (MKJP) with a total of 74,686 new acceptors, while the non-MKJP are 207,792 acceptors. Non-MKJP include condoms 20,564 acceptors, and 103 injections.

619 acceptors and 83,609 pills acceptors. As for MKJP, there are 13,578 IUD acceptors, 51,173 implant acceptors, 9,268 Female Operation Methods (MOW) and 667 Male Operation Methods (MOP). (BKKBN 2017, quoted from LTA Masita Reulina Year 2018). One of the important roles of midwives is as implementer, processor, educator and researcher.

During the practice of community midwifery at the puskesmas and the Independent Practice of Midwife Sri Kurniawati. Based on the recording and reporting, the number of family planning acceptors in February 2021 who received IUD KB was 5 acceptors, 14 were accepted for implant KB, 86 injectable KB acceptors were, 221 KB pill was accepted, and 10 were condoms.

Based on the results of community midwifery research, the authors are interested in knowing more about the management process of family planning midwifery care for mothers with new acceptors of implant contraceptives at PMB Sri Kurniawati.

2. Research methods

In the preparation of this case study the author uses descriptive research methods. Descriptive research method is a research method carried out with the main aim of making an objective picture of a situation. Descriptive research method is used to solve or answer the problems encountered. This research can take the steps of data collection, classification, processing/analysis of data, making conclusions and reports. (Iwan Hermawan, 2019)

2.1 Data Obtaining Techniques

1. Primary data
 - a) Interview: Method of collecting data by conducting direct questions and answers to patients and staff in the room to obtain the necessary information. (Mubarrok, 2018)
 - b) Observation: Method of collecting data by conducting an approach through observation of the patient's condition as the object of midwifery care services. (Mubarrok, 2018)
 - c) Physical assessment: An assessment that can be viewed as part of the assessment phase of the midwifery process of the assessment or clinical examination stage. (Mubarrok, 2018)
2. Secondary Data
 - a) Case Study: With a problem approach method in midwifery care which includes assessing and analyzing data, establishing diagnoses and actual or potential problems, identifying actions and evaluating midwifery care for mothers, new family planning acceptors, and documenting family planning implants. (Mubarrok, 2018)
 - b) Documentation Study: This case was taken using midwifery care management for mothers with family planning, new acceptors of family planning implants and patient status to obtain information on medical data at the Hinai kiri health center. (Mubarrok, 2018)
 - c) Literature Study: Obtain various information in the form of generalization theories and concepts developed by various experts and available source books. (Mubarrok, 2018)

3. Results and Discussion

3.1 History (Subjective Data)

At the date of : 3-06-2021

O'clock : 11.00 WIB

Main complaint : My mother has no complaints in using the 3-month injection KB, but since 3 weeks ago she has been feeling tired every 3 months having to do KB injections and she wants to replace the injectable KB with KB implants.

1. Disease history
 - a) Current medical history : Mother said that currently no one suffers from hypertension, diabetes, heart disease, asthma and HIV/AIDS
 - b) Past medical history : Mother said that she had never suffered from inherited diseases such as hypertension, DM and a history of infectious diseases such as hepatitis, tuberculosis and HIV/AIDS, and had no history of degenerative diseases such as tumors, cancer of the reproductive organs.
 - c) Family history of illness : Mother said that neither the wife nor the husband had a history of hereditary diseases such as hypertension, DM and a history of infectious diseases such as hepatitis, tuberculosis and HIV/AIDS
 - d) marital history

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Legal marital status, married once aged 24 years with husband aged 25 years for 3 years with 1 child

2. Menstrual history

a) Before using contraception

- (a) Menarche : Mom said 15 years old
- (b) Cycle : Mom says the cycle is 28 days
- (c) Long : IMom said it's 5 days
- (d) Lots : Mom said 3 x change of sanitary napkins per day
- (e) Regular/not : Mother said her periods were regular
- (f) Blood properties : Mom said the blood was watery, the color was fresh red
- (g) Disminorhoe : Mother said menstrual pain on the first day of menstruation
- (h) Flour Albus : Mother said she had vaginal discharge when she was close to her period

b) After using injectable contraceptives for 3 months

- (a) Cycle : Mom says 28 day cycle
- (b) Long : Mother said the length of menstruation is 3-4 days
- (c) Amount : Mom said 1 x change of sanitary napkins per day
- (d) Regular/not : Mother said her periods were irregular
- (e) Consistency : Mom said the blood that came out was brown
- (f) Desminorhoe : Mother says stomach pain during menstruation
- (g) Flour Albus : Mother said she had vaginal discharge when she was close to her period

3. Past history of pregnancy, childbirth and postpartum

TABLE 1
HISTORY OF PREGNANCY, LABOR AND PARTNERSHIP

Child	Year	UK	Type	The place	Complicated	JK/BB	state
	born		Labor		postpartum	/PB	Now
1	2018	39	Normal	Midwife	Not	Man	Healthy
		mg			there is	2900/48	

4. Family Planning History

Mother said that before using injectable contraceptives for 3 months, the duration of use was ± 2 years with complaints of irregular menstruation.

5. History of patterns of daily needs

- Need Pattern : everyday
- Nutrition Pattern : Mother said eat 3 times a day, moderate portions (rice, dry side dishes) and drink±6 glasses of water.
- Activity Pattern :Mother says work as a housewife
- Rest Pattern :Mom says take a nap±2 hours, and sleep at night±7 hours
- Elimination Pattern :Mom says BAK±3-4 times a day, yellowish white color, characteristic odor of urine, solid 1 time a day CHAPTER
- Personal Hygiene Pattern :My mother said bathing once a day, shampooing 3x a week, brushing teeth 2x a day, changing clothes 2x a day and changing pentyleners 2-3 times a day
- Sexual Pattern :Mother said at this time bhave not had sexual intercourse

6. Psychological History:

- a) Mom said she was happy now because she was blessed with 1 child
 - b) Mother said her husband supports her in using effective contraception
7. Knowledge data : Mother said she didn't know about effective family planning

3.2 Physical Examination (Objective Data)

- 1. Physical examination
- a. Emotional status : Stable

- MY : Well
- Awareness : Composmetis
- b. Vital sign :
- Blood pressure : 100/80 mmHg
- Pulse : 80 x /minute
- Body temperature : 36, 5⁰ C
- RR : 22 x /minute
- Height : 159 cm
- c. Weight :
- Before : 57 kg
- After : 59kg
2. Physical examination
- a. face :
- Eyelid : No edema
- conjunctiva : Not pale
- Sclera : No jaundice
- b. Mouth and teeth:
- Tongue and graham : Clean and no abnormalities
- Tooth : No caries
- c. Neck :
- Thyroid gland enlargement : There isn't any
- Lymph enlargement : There isn't any
- Enlargement of the spleen : There isn't any
- No vana jogular enlargement
- d. Breast:
- Enlargement : Symmetrical
- Nipples : stand out
- Areola : Black
- Mammae : Tense
- Bump : There isn't any
- Expenditure : There isn't any
- Pain : There isn't any
- e. Abdomen:
- Enlargement : No abnormality
- Linea : Albah
- Surgical scars : There isn't any
- striae : There isn't any
- Consistency : There isn't any
- Enlargement of the spleen liver : There isn't any
- Bladder : Empty
- Etc : There isn't any
- f. Obstetrical examiner:
- Inside examiner : No varicose veins
- g. Anus : No hemorrhoids
- h. Extremities :Symmetrical, Active Motion

3.3 Diagnostic Test

Laboratory examination

- Urine Protein : Are not done
- Ketones : Are not done
- hemoglobin : 11 gr%

Blood group : Are not done

3.4 Discussion

Based on family planning care that the author has done to Mrs. Rahayu is 27 years old as a new family planning acceptor implanted at PMB Sri Kurniawati, on June 3, 2021 and a home visit was made on June 7, 2021, the following results were obtained:

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1. Family planning

- (1) Implementation of KB Mrs. Rahayu plans to use contraceptive implants. And the use of family planning is because the mother wants to delay the child again with an effective method and there is support from her husband. Previously, the mother used injectable contraceptives for 3 months.
- (2) Mrs. Rahayu has received counseling about implant contraceptives, namely the understanding, advantages, disadvantages, contraindications and side effects of implant contraceptives. According to the author's assumption, the mother became an implant KB acceptor because she wanted to replace the 3-month injectable KB with KB that was more effective in delaying or spacing out children.

2. Home Visit

On June 7, 2021, a home visit was carried out after post-implantation of KB implants, there were no problems/potential diagnoses for Mrs. Rahayu after the installation of effective family planning methods, namely implants.

4. Conclusion

After carrying out midwifery care for family planning KB implants on Ny. Rahayu can be concluded as follows, family planning care is carried out by providing counseling to mothers about the contraceptives used so that Mrs. R decided to become a new acceptor of KB implants by signing the infocotent that had been given to the mother for implant placement. After post-implant installation, the mother received KIE regarding post-implant family planning treatment.

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