

## Midwife Care On 3 Months Injected Kb Accepters With Spotting At The Angel Paropo Maternity Clinic

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Midwifery D-III Study Program, Stikes Putra Abadi Langkat

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### ABSTRACT

Family planning is a government program that is planned to balance between needs and population. From the data obtained from the Angel Paropo Clinic, mothers who used contraception in February and March were 103 acceptors including 1 IUD KB, 2 implant KB, 35 KB 1 month injections, 45 3 Months KB injections and 20 KB Pills. person. Carry out midwifery care for 3 month injection contraceptive acceptors by spotting thoroughly using 7 steps of Varney's midwifery management. The method used is a case study. The location of this case study is at the Angel Paropo clinic. The subject of the case study is a 3-month injection contraceptive acceptor with spotting. The time of the case study is April 20-26, 2021. Data collection techniques from physical examination, interviews and observations, secondary data includes documentation studies and literature studies. The care provided in this case is the administration of combined contraceptive pills 2x1 (30-35 g ethinylestradiol for 7 days), ibuprofen (up to 800 mg, 3x/day for 5 days), moral support and vuva hygiene counseling. the result is that the general condition is good, there are no potential problems that arise, the mother is not anxious and feels comfortable, the bleeding stops, the mother is willing to come to the health facility if there are complaints and the mother continues to use injectable contraception for 3 months. After 7 days of midwifery care, the injection contraceptive acceptors no longer experienced spotting.

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## 1. Introduction

Indonesia is a developing country with a high population increase. The results of the census according to the publication of the BPS (Central Statistics Agency) the results of the 2020 population survey, it is known that the total population of Indonesia as of September 2020 is 270.20 million people or an increase of 32.56 million from the survey. population 2010. The largest population growth contribution was in West Java, reaching more than 5.25 million people, followed by Central Java with 4.13 million people, and East Java with 3.18 million people. Overall, however, the population growth rate slowed from in 2010 by 1.49% to 1.25%.

The results of the 2020 population survey show that Indonesia's population is dominated by productive age (15-64 years) with a total of 191.08 million people (70.72%). This number far exceeds the number of young people (0-14 years) of 63.03 million. people (23.33%), and the elderly population (65 years and over) as many as 16.07 million people (5.95%). The number of young people tends to decrease as a consequence of the decline in the total fertility rate which is the impact of successful quantity control. population through family planning programs. While the number of elderly people tends to increase as a result of improving the quality of life of the community, which is reflected in the increase in the life expectancy of the Indonesian population. (Novrizaldi, 2021)

The government's effort to suppress the rate of population growth in Indonesia is by implementing a family planning program. Family planning is carried out with various contraceptive methods including simple contraceptive methods such as condoms, periodic abstinence and intermittent coitus. Effective hormonal contraceptive methods such as pills, implants, and injections. Contraceptive methods effective mechanical methods such as IUDs and Implants. And steady contraceptive methods such as the female surgical method (MOW) and the male surgical method (MOP). This is tailored to the needs and indications of the patient who wants to choose it. (Manuaba, 2012).

Based on BKKBN data, the achievement of stakeholder and partner participation in the implementation of the North Sumatra Province BKKBN program has been achieved by 81% of the target. In 2019-2020 the coverage of family planning acceptors in the Samosir work area is the use of IUD KB as many as (1924) people, injections (2110) people, pills (699) people, condoms (631) people, injections (2110) people and implants of (1817) souls.

One type of effective contraception that is the choice of mothers is injectable contraception, this is because it is safe, effective, simple and inexpensive. , as well as changes in body weight (Uliyah, 2010). One of the important roles of midwives is to increase the number of acceptances and quality of family planning methods to the community in accordance with the knowledge and skills of the midwife. Skin) (Manuaba, 2016) has become the duty and responsibility of the midwife to direct the selection of contraceptives according to the client's needs.

During PKK II and III conducted at the Angel Parapo Clinic. 45 people and KB Pills 20 people. KB injections for 3 months are the most popular contraceptives for family planning acceptors. Based on the above background, the author performs family planning midwifery care for 3 month injection KB acceptors with spotting on Ny. T, 30 years old at Angel Parapo Clinic in 2021.

## 2. Method

The type of method used in this case study is observational descriptive with a case study approach. It is done by examining a problem through a process consisting of a single unit. This research was conducted at the Angel Parapo Clinic. The time of this research was carried out in April 2021. The subject in this case study was a 3-month injection family planning acceptor with spotting on Mrs. S aged 30 years at Angel Parapo Clinic. The types of data used in the preparation of this case study are primary and secondary data. The techniques for collecting data in this case study are interviews, physical examinations, supporting examinations and documentation results.

## 3. Results and Discussion

### 3.1 Data collection

The results of collecting demographic data from respondents through this study were about the effect of giving warm water to reducing nausea and vomiting in pregnant women at the Kumita Sari Clinic, Kec. Tualang District. Langkat with 42 respondents can be presented in the form of a table as follows:

**Table 1**  
Identity

Name	Mrs. S	Name	Mr. R
Age	26 years	Age	39 years old
Ethnic group	Batak	Ethnic group	Batak
Nationality	Indonesia	Nationality	Indonesia
Religion	Islam	Religion	Islam
Education	SENIOR HIGH SCHOOL	Education	SENIOR HIGH SCHOOL
Work	IRT	Work	Farmer
Home address	Parapo Village1	Home address	Parapo Village1

### 3.2 History (Subjective Data)

At the date of : 20 - 04 - 2021 O'clock : 17.00 pm

- a. Main complaint: Mother said she had bloodstains from her genitals since March 28, 2021
- b. Feelings (since the last time I came to the clinic): Mother said she was worried because

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- there were blood spots since she used the injection KB.
- c. History of present illness: Mother said that currently there is no suffering from hypertension, diabetes, heart disease, asthma and HIV/AIDS. 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. 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. Marital history Legal marital status, married once aged 20 years with husband aged 32 years 7 years with 1 child
  - d. Menstrual history
    - 1) Before using contraception
    - 2) Menarche : Mom said 15 years old
    - 3) Cycle : Mom said the cycle is 28 days
    - 4) Long : mother said the length is 5 days
    - 5) Lots : Mom said 3 x change of sanitary napkins per day
    - 6) Regular/not : Mother said that her period is regular
    - 7) Blood properties : Mom said the blood is thin, the color is fresh red
    - 8) Disminorhoe :Mother said menstrual pain on the first day of menstruation
    - 9) (h) Flour Albus : Mother said she had vaginal discharge when she was close to menstruation
- After using injectable contraceptives for 3 months
- 1) Cycle : Mom says 28 day cycle
  - 2) Long : My mother said that my period is 4-5 days
  - 3) Amount : Mom said 3 x change of sanitary napkins per day
  - 4) Regular/not : Mom said her periods are regular
  - 5) Consistency:Mother said her blood was watery, fresh red
  - 6) Desminorhoe : Mother said stomach pain during menstruation
  - 7) Flour Albus : Mother said she had vaginal discharge when she was close to menstruation
- e. Past history of pregnancy, childbirth and postpartum

**Table 2.**  
Past history of pregnancy, childbirth and postpartum

Child	Year Born	UK	Type Labor	Complicated	JK/BB	state
1	2003	39 mg	Normal	The place postpartum There isn't any	Man 2900/48	Healthy

- f. Family Planning History  
Mother said that she previously used injectable contraceptives for 1 month, the duration of use was ± 3 years with complaints of irregular menstruation, then the mother switched to injectable contraceptives for 3 months, the duration of use was ± 13 months. up to now,
- g. History of patterns of daily needs

**Table 3.**  
History of patterns of daily needs

Need Pattern	Daily
Nutrition Pattern	Mother said to eat 3 times a day, moderate portions (rice, dry side dishes - dry) and drink ± 6 glasses of water.
Activity Pattern	Mother said that she worked as an employee in a private factory from 07:00 to 19:30 WIB
Rest Pattern	Mother said no nap, night sleep ± 7 hours.
Elimination Pattern	Mother said BAK ± 4-5 times a day yellowish white color, characteristic odor of urine, solid bowel movements 1 time a day.

Pattern personal hygiene	Mother said take a bath once a day, shampooing 3x/week, brushing teeth 2x/day, changing clothes 2x/day and changing pentyleners 2-3x/day.
Sexual Pattern	Mother said that at this time she had not had sexual intercourse.

h. Psychological History

- a. Mom said she was happy now because she was blessed with 1 child
- b. Mother said her husband supports her to use a 3-month injectable contraceptive
- c. And the mother said she was worried because blood spots came out of her genitals
- d. Knowledge data: Mother said she did not know about the side effects of 3-month injectable contraceptives and spotting

**3.3 Physical Examination (Objective Data)**

a. Physical examination

- 1) Emotional status : Stable  
MY : Well  
Awareness : Composmetis
- 2) Vital sign :  
Blood pressure : 110/80 mmHg  
Pulse : 80 x /minute  
Body temperature : 36,5 C  
RR : 24 x /minute  
Height : 160 cm
- 3) Weight :  
Before : 55 kg  
After : 56 kg

b. Physical examination

- 1) face :  
Eyelid : No edema  
conjunctiva : Not pale  
Sclera : No jaundice
- 2) Mouth and teeth:
- 3) Tongue and graham : Clean and no abnormalities
- 4) Tooth : No caries

c. Neck :

- 1) Thyroid gland enlargement : There isn't any
- 2) Lymph enlargement : There isn't any
- 3) Enlargement of the spleen : There isn't any
- 4) No vana jogular enlargement

d. Breast :

- 1) Enlargement : Symmetrical
- 2) Nipples : stand out
- 3) Areola : Black
- 4) Mammae : Tense
- 5) Bump : There isn't any
- 6) Expenditure : There isn't any
- 7) Pain : There isn't any

e. Abdomen:

- 1) Enlargement : No abnormality
- 2) Linea : Albah

3) Surgical scars : There isn't any

- 4) striae : There isn't any
- 5) Consistency : There isn't any
- 6) Enlargement of the spleen liver: None
- 7) Bladder : Empty
- 8) Etc : There isn't any

f. Obstetrical examiner:

Inside examiner : No varicose veins, brownish red blood spots, lots of blood spots  
± 2-3 times changing pantyleners per day, no signs of irritation and infection

g. Anus : No hemorrhoids

h. Extremities : Symmetrical, active motion

### 3.4 Diagnostic Test

Laboratory examination

- Urine Protein : There isn't any

- Ketones : There isn't any

- hemoglobin : 12,3 gr%

- Blood group : There isn't any

### 3.5 Discussion

In this chapter, we will discuss the gap between the theory and the results of the implementation study and the application of family planning midwifery care to Mrs. "S" a 3-month injection KB acceptor with spotting at the Angel Paropo maternity clinic on 20 to 26 April 2021. In this discussion the author will implementing care in accordance with the midwifery care management approach with seven theoretical steps starting from identification of basic data, formulating actual and potential diagnoses/problems, immediate action/collaboration, planning, implementation and evaluation of midwifery care.

#### a. Step I.

Identification of Basic Data The theory explains that identification of basic data is the first step of the midwifery care management process, namely conducting an assessment by collecting all the data needed for a complete, thorough and focused evaluation of the situation. ask the identity of the client, ask the chief complaint including a detailed history and perform a physical examination.

Meanwhile, the history of menstruation after using injectable contraceptives for 3 months has regular menstrual cycles, i.e. 28 days, 4-5 days in length, the mother said that she changed her pads 3x/day and the mother said she had menstrual pain if she had early menstruation. For a history of contraception, the mother previously used injectable contraceptives for 1 month, the duration of use was ±3 years with complaints of irregular menstruation, then the mother moved the injectable contraceptive for 3 months, the duration of use was ±13 months. 2021 until now.

According to Sulistyawati (2014) spotting is blood discharge from the vagina outside the menstrual cycle which is slightly in the form of spotting. And for objective data the general condition is good, consciousness is composmentis. On the genital examination, the results of the inspection of the vaginal vulva showed no signs of infection and there were brownish blood spots and an Hb examination was performed and the results were 12.3 g/dl.

According to Setyaningrum (2014) spotting is marked by removing blood spots from the genitals with a period of more than 2 weeks. While the assessment on April 26, 2021 obtained subjective data from the mother saying that the spots she experienced had stopped and objective data was obtained in good general condition, awareness composmentist. On genetic examination, the results of the inspection of the vulva vagina showed no signs of infection, there were no brownish blood spots.

Based on the results of research conducted by Elma Yulianti (2017) that the duration of using injectable contraceptives 3 months 1 year, is more likely to experience spotting menstrual disorders than other menstrual disorders. spotting is spotting bleeding that she experienced after the fourth injection of using injectable contraceptives for 3 months.

According to Sulistyawati (2014) objective data is data obtained through inspection, palpation, auscultation, and percussion which are carried out sequentially. General condition to know the general condition of the patient is good. Awareness to know the awareness of patients with Composmentis.

According to Sulistyawati (2014) the eye is to know the pink conjunctiva of the white sclera. Inspection of the face to find out the face is not pale for spotting patients who are normal. Palpate the abdomen to determine the shape of the abdomen and there is no pregnancy. Ganetalia to determine the location, size, consistency, and mass in spotting cases to determine bleeding and to determine the presence of flour albus, blood spots are seen in the form of reddish-brown blood spots.

And supporting examinations are needed to support the diagnosis. In this case, a

complementary examination is carried out, namely by examining Hb. At this step, there is no discrepancy between practice and theory because everything in theory has been done and the results are in accordance with what is in theory.

#### **b. Data interpretation**

Data interpretation is to identify obstetric diagnoses, problems and needs based on the correct interpretation of the data that has been collected, interpretation of the data includes obstetric diagnoses and problems that arise. according to obstetric diagnoses, and problems. Subjective data obtained, namely the mother said her name was Mrs. S, Mother said she was 30 years old, mother said she had given birth once and had never miscarried, mother said she used injectable contraceptives for 3 months ± 13 months ago, mother said she had blood spots for more than two weeks since March 28, 2021 outside the menstrual cycle.

At this step, the obstetric diagnosis that emerged was Ny. S is 30 years old P1A0 acceptor of 3 months injectable contraceptive with spotting. Accompanied by feelings of anxiety and discomfort related to the blood spots he is experiencing, the need given is to be given an explanation about spotting and given moral support, for discomfort given vulvar hygiene counseling and how to pay attention to patterns use of a pencil.

After an assessment was carried out on April 26, 2021, the mother said that the blood spots she had experienced had stopped, so the diagnosis that appeared on Mrs. S is 30 years old, P1A0 is an acceptor of 3 months injectable contraception.

The study was carried out based on the theory according to Varney (2007). Midwifery diagnosis is a diagnosis that is established within the scope of midwifery practice and meets the standards of midwifery diagnostic nomenclature. (Varnay et al, 2007). Mrs...P...A... years of age, acceptor of three-month injection contraception with spotting

- a. Mother said her name was Mrs... age...
- b. Mother said she had given birth...times and never had an abortion
- c. Mother said that she was bleeding for more than two weeks outside the menstrual cycle (Saifuddin, 2010).

From the theory according to Hidayat and Wildan (2013) the problem is related to the state of the results of the assessment or that accompanies the diagnosis that is in accordance with the patient's condition. The problems that arise in 3-month injection contraceptive acceptors with spotting according to Saifuddin (2010) are anxiety and discomfort due to bleeding outside of menstruation. So it can be concluded that at this step there is no gap between theory and case

#### **c. Potential Diagnosis**

According to irianto (2014) potential diagnoses that occur in 3-month injection contraceptive acceptors with spotting are anemia, menorrhage, irritation and infection. The diagnosis that occurs can be influenced by the lifestyle of the patient, while in the case of supporting examinations, namely Hb with a result of 12.3 g / dl, therefore mothers who experience spotting do not have the potential to experience anemia. In this step there is no gap between theory and case.

#### **d. Anticipate immediate treatment**

After the assessment was carried out on April 20 to 26, 2021, there was no immediate anticipation of the case of Mrs. S aged 30 years P1A0 acceptor of 3-month injectable contraception with spotting because there is no potential diagnosis. there is no gap between theory and case.

### **4. Conclusion**

In this case the author can carry out family planning midwifery care on Ny. The acceptor of the 3-month injection KB with spotting was carried out at the Angel Paropo Maternity Clinic with the results of the care given to Mrs. S for 7 days obtained the results of good general condition, consciousness: Composmentris, Vital Signs BP: 120/70 mmHg, Pols: 82 x/i, RR: 24 x/i, Temp: 36.5°C and there are no potential problems. appears, the mother is not anxious and feels comfortable, the bleeding has stopped, the mother is willing to come to the health facility if there are complaints and the mother continues to use injectable contraception for 3 months.

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