

Midwifery Care for Pregnant Women Mrs. A G1p0a0 With *Abortion Imminens* At Siti Kholijah Clinic, Medan Marelan in 2019

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ABSTRACT

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The main causes of maternal death in Indonesia have not changed much, namely bleeding, eclampsia, complications of abortion, obstructed labor and sepsis. Bleeding, which is responsible for about 28% of maternal deaths, is often unpredictable and occurs suddenly. Most bleeding occurs postpartum, either due to uterine atony or retained placenta. This shows that the handling of the third stage is less than optimal and the failure of the health care system to handle obstetric and neonatal emergencies quickly and accurately. Carry out midwifery care for pregnant women with abortion imminens which uses Varney's 7-step management process. The author is able to analyze the gap between theory and real cases in the field. The author is able to provide alternative solutions to problems. Type of case study report with descriptive method, location in Siti Kholijah Maternity Clinic. The subject of the case study Mrs. A pregnant with abortion imminens, the time of the case study on March 10-13, 2015. Data collection techniques include primary data, including physical examination, interviews and observations and secondary data, including documentation studies and literature studies. Mrs. A, G1 P0 A0 30 years pregnant 13 weeks 2 days with abortion imminens. Drug therapy Preabor 50 mg 3 x 1, Mefenamic acid 500 mg 3 x 1, Folic acid 400 mg 2 x 1 and RL 20 infusion. The mother's general condition is good, compositis consciousness, the mother does not feel anxious anymore, discharge brown spots has stopped, no potential occurs abortion insipiensas well as abortion does not continue and the mother's pregnancy can still be maintained. In the case of Mrs. There is a gap between theory and practice, namely in the planning and implementation steps, namely in practice it is recommended to eat nutritious food and personal hygiene.

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1. Introduction

The main causes of maternal death in Indonesia have not changed much, namely bleeding, eclampsia, complications of abortion, obstructed labor and sepsis. Bleeding, which is responsible for about 28% of maternal deaths, is often unpredictable and occurs suddenly. Most bleeding occurs postpartum, either due to uterine atony or retained placenta. This shows that the handling of the third stage is less than optimal and the failure of the health care system to handle obstetric and neonatal emergencies quickly and accurately. Unsafe abortion is the cause of 11% of maternal deaths (globally 13%). These deaths can be prevented if mothers have access to contraceptive information and

services and post-miscarriage care. Contraception plays an important role in reducing the number of unwanted pregnancies and deaths from unsafe abortions

Abortion imminens is an obstetric emergency when bleeding from the uterus occurs at 20 weeks of gestation with a fetal weight of 500 grams without cervical dilatation and or without a feeling of heartburn and the products of conception are still in the uterus (Wiknjosastro, 2005).

2. Method

2.1 Case Study Type

The method used in this case study is the *method descriptive*. *Method descriptive* is a method that is carried out with the main aim of describing or making an objective picture of the situation (Notoatmodjo, 2002). This type of report is a case study. A case study is a study conducted by examining a problem through a process consisting of a single unit (Notoatmodjo, 2005).

2.2 Case Study Locations

The location of the case is the place where the case is taken (Notoatmodjo, 2005). The location for taking this case study was carried out at the Siti Kholijah clinic, Medan Marelan in 2019.

2.3 Case Study Subject

Subjects are people who will be subject to case-taking activities (Arikunto, 2006). The subject is a pregnant woman, Mrs. A G1P0A0 with *Abortion Imminens*.

2.4 Case Study Time

Time is the time span used by the author to find cases about pregnant women with *Abortion imminens* (Notoatmodjo, 2005). The implementation of this case study was carried out on March 10 – March 13, 2018.

3. Results and Discussion

3.1 Case Overview

1. Data Assessment

March 10 2018, at 08.00 WIB

a. SUBJECTIVE DATA

1) Identity

Name	: Mrs. A	Name	: Mr. S
Age	: 30 years	Age	: 32 years
Religion	: Islam	Religion	: Islam
Tribes	: Indonesian Java	Tribes	: Java
Education	: SENIOR HIGH SCHOOL	Education	: SENIOR HIGH SCHOOL
Work	: IRT	Work	: Employee
Address	: Marelan	Address	: Marelan

2) Main complaint

Mother said that about 4 hours ago, brown spots came out from the birth canal and her stomach didn't feel sick. Mother was worried about her situation.

Menstrual History

- Menarche : Mother said she had her first period when she was 13 years old
- Cycle : Mother said her menstrual cycle is 28-30 days
- Amount: Mother said change pads 2-3 times a day
- Duration: Mother said that her period is 6-7 days
- The nature of blood: Mother said her menstruation is watery and red
- Regular/irregular: Mother said her menstruation was regular
- Dysmenorrhea: Mother said that during menstruation her stomach did not feel pain

3) Marriage History

My mother said that she was legally married once at the age of 28 with her husband at the age of 30.

4) Past Pregnancy, Childbirth and Postpartum History

5) Current pregnancy history

- HPHT : Mother said the first day of her last menstruation was on December 7, 2018
- HPL : Mother said the estimated day of the baby's birth is September 14, 2018
- ANC: Mother said she checked twice at the midwife at 4 and 6 weeks of pregnancy

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- d) Gestational Age: Mother said her pregnancy was 11 weeks 1 day
- e) TT Immunization: Mother said she had TT immunization for capeng when she was about to get married 2 years ago, while at this time she was pregnant with TT immunization 1 time.
- f) Drugs consumed: Mother said that she took drugs given by the midwife, such as Preabor, mefenamic acid and folic acid
- g) Complaints
 - TM I : Mother said that she was removing brownish spots from the birth canal + 4 hours ago
 - TM II : Not yet
 - TM III : Not yet
- h) Counseling: Mother ever received counseling about iron tablets from midwives
- i) Worries: Mother says she is worried about her pregnancy, because it removes brown spots from the birth canal
- 6) Family Planning History Mother said that she had never used any contraception.
- 7) Disease history
 - a) History of Present Disease
 - The mother said that during her pregnancy she had never suffered from cough, flu and fever.
 - b) History of Systemic Disease
 - (1) Heart : Mother said that her left chest does not feel pounding when doing activities
 - (2) Kidney: Mother said she never felt pain in the waist
 - (3) Asthma/TB: Mother said she never coughed with shortness of breath and never coughed with blood
 - (4) Hepatitis : Mother said her nails and skin are not yellow
 - (5) DM: Mother said she never felt thirsty and hungry at night
 - (6) Hypertension: Mother said she had never experienced a severe headache
 - (7) Epilepsy: Mother said she had never had a seizure accompanied by foamy discharge from the mouth
 - (8) Others: Mother said she was not infected with HIV, AIDS and other diseases.
- c) Family Illness History
 - Mother said that there are no hereditary diseases in the family, such as hypertension, heart disease, diabetes mellitus or infectious diseases such as tuberculosis and hepatitis.
- d) History of Twins
 - The mother said that she did not have a history of twins from the husband's side or from the mother's family.
- e) Operation History
 - Mom says never had any surgery.
- 8) Patterns of fulfilling daily needs
 - a) Nutritional pattern
 - Before pregnancy: Mother said that she consumed rice, vegetables, healthy side dishes in moderate portions, she drank 6-7 glasses of water a day, she said there were no taboo foods.
 - During pregnancy, the mother said that she consumed rice, side dishes 4-5 times a day in small portions but often. Mother drinks 8-9 glasses a day with water, 1 glass of pregnant women's milk, mother says there are no taboo foods.
 - b) Elimination pattern
 - Before pregnancy: Mother said BAK with a frequency of approximately 4-5 times a day and defecation with a frequency of 1 time a day, no complaints.
 - During pregnancy: Mother says urinating with a frequency of approximately 6-7 times a day and defecating with a frequency of 1 time a day, no complaints
 - c) Activity pattern
 - Before and during pregnancy, mothers do household chores such as cooking, sweeping, washing clothes and washing dishes themselves.

- d) Rest/sleep patterns
Before pregnancy: Mother said she slept for about 7-8 hours at night and took a nap for about 1 hour.
During pregnancy: Mother said the mother sleeps about 7-8 hours at night, naps for approximately 1-2 hours.
- e) Personal hygiene pattern:
Mother said that before and during pregnancy there was no change in personal hygiene, namely: Mother took a bath 2 times a day, shampooed 3 times a week, brushed her teeth 2 times a day, changed clothes 2 times a day and had no complaints.
- f) Sexual pattern
Before pregnancy: Mother said to have sexual intercourse 1 week 3 times.
During pregnancy: Mother said to have sexual intercourse 1 week 2 times. Mom says no complaints.
- 9) Psychosocial Cultural History
a) Mother said she was happy with her current pregnancy.
b) Mother says this pregnancy was planned by mother and husband.
c) Mother said the sex that is expected male or female is the same.
d) Mother said she got support from her family and husband.
- 10) Use of drugs/cigarettes
The mother said she did not take drugs except for drugs from the midwife and did not smoke, while her husband also did not take illegal drugs and did not smoke.

b. OBJECTIVE DATA

1) Generalist Status

General Condition: Good
Consciousness: Composmentis
Vital Signs: Blood pressure: 110/70 mmHg
Pulse: 80 x/minute
Respiration: 20 x/minute
Temperature : 36, 0.0 C
Height: 158 cm
Weight before pregnancy: 47 kg
Current weight: 48 kg
LLA : 24 cm

2) Systematic/physical examination

a) Head and face

Hair: Black, long, smooth, not easy to fall out, clean, no dandruff.
Face: Nonechloasma *gravidarum*, not pale, noedema, a tense and worried facial expression.
Eyes: Symmetrical, *conjunctiva* pink, *sclera* white, no oedema.
Nose: Clean, no polyps, normal shape, no abnormalities.
Ears: Shape *symmetrical*, clean, nothing *cerumen*, no abnormalities.
Mouth/teeth/gums: Pale lips, pale tongue, *caries dentis* there isn't any, *stomatitis* no, the gums are not bleeding and not swollen.

b) Neck: No gland enlargement *thyroid* and *lymph* and no lump/tumor on the neck.

c) Chest and Axilla

(1) Mammae

Enlarged: Yes, normal
Tumor: No palpable lump
Symmetrical: Symmetrical right and left
Areola: *Hyperpigmentation*
Nipples: Protruding
Colostrum: Not out yet

(2) Axilla

Tumor: No palpable lump
Pain: No tenderness

d) , Extremities

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Hand: None *edema*, symmetrical, short nails, clean, no abnormalities

Feet: Symmetrical, short nails, clean, no legs *edema*, no varices, no abnormalities

3) Obstetric Examination

a) Abdomen

(1) Inspection

(a) Enlargement of the abdomen: Normal, according to gestational age

(b) *Linea alba/nigra*: There isn't any *linea alba* or *nigra*

(c) *Striae albican/livide*: There isn't any *striae albican* or *livide*

(d) Abnormalities: No abnormalities

(e) Fetal movement: No movement

(2) Palpation

(a) Contractions: No contractions yet.

(b) Leopold I : Palpable *balotement*

(c) Leopold II : No examination was carried out

(d) Leopold III : No examination done

(e) Leopold IV : No examination

b) Anogenital

(1) Varicose veins: None

(2) Edema: No edema

(3) Bartholin's glands: No enlargement

(4) Pain: No tenderness

(5) VT : No VT was performed but an inspeculo examination was carried out with the results *portiosoft*.

(6) PPV (vaginal discharge): The discharge of brown spots from the vagina

c) Anus: None *hemorrhoids*

4) Supporting examination

Hb : 13.4 gr% *Leukocytes*: 9800/ mm³

A blood type *Platelets*: 255000/mm³

Ultrasound: Visible gestational sac

PP test: Positive

2. I Development Data

Place: Maternity Clinic Siti Kholijah Medan Marelan

March 11, 2018 at 08.00 WIB

S: Subjective Data

1. Mother said she still had brownish spots from the birth canal
2. Mom said her stomach wasn't sore
3. Mom said her feelings are still anxious
4. Mother said that she had taken the medicine given by the SpOG doctor and now it has run out, she has eaten nutritious food and has taken care of her personal hygiene.

O: Objective Data

1. General Condition: Good
2. Awareness : *Composmentis*
3. Vital Signs: Blood pressure: 110/70 mmHg
Respiration: 20 x/minute
Pulse: 80 x/minute
Temperature : 36.5 0C
4. Palpation: Palpable *balotement*.
5. Inspection: There are brown spots on the sanitary napkins.

A: Assessment

Mrs. A G1 P0 A0 30 years pregnant 13 weeks 2 days with *Abortion Imminens* day I.

Q: Planning

March 11, 2018

1. At 08.05 WIB, she informed her about the results of the examination that she still had brown spots, but they had decreased somewhat.

2. At 08.10 WIB, she advised the mother to stay completely rested and not to do any activities.
3. At 08.15 WIB, she advised mothers to eat nutritious foods such as foods that contain vitamins, protein and minerals.
4. At 08.20 WIB, she advised the mother to keep the genital area clean, by changing sanitary napkins 2 times a day, and defecating in the potty with the help of the family.
5. At 08.25 WIB collaborated with SpOG doctors to provide further therapy in the form of:
 - a. Preabor 5 mg 2 x 1 tablet
 - b. Folic acid 400 mg 2 x 1 tablet
 - c. Mefenamic acid 500 mg 3 x 1 tablet
 - d. Progesterone hormone 1 cc
 - e. 20 tpm RL infusion was continued.
6. At 08.35 WIB, he advised the family to give motivation to the mother.

Evaluation

March 11, 2018 at 09.00 WIB

1. Mother already understands about the results of the examination that the mother's pregnancy can still be maintained.
2. Mother is willing to stay on complete rest and not do any activity.
3. Mothers are willing to eat nutritious foods such as foods that contain vitamins, protein and minerals.
4. Mother is willing to keep the genital area clean, bathe 2 times a day, change sanitary napkins 2 times a day with the help of the family.
5. Have collaborated with SpOG doctors to provide therapy:
 - a. Preabor 5 mg 2 x 1 tablet
 - b. Folic acid 400 mg 2 x 1 tablet
 - c. Mefenamic acid 500 mg 3 x 1 tablet
 - d. Progesterone hormone 1 cc
 - e. 20 tpm RL infusion was continued.
6. The family is willing to provide motivation to the mother.

3. Development Data III

Place: Siti Kholijah Maternity Clinic, Medan Marelan

March 13, 2018 at 09.00 WIB

S: Subjective Data

1. Mother said the spots had not come out.
2. Mom said she was no longer worried because of her spots it's not out.
3. Mother said the stomach is no longer painful.

O: Objective Data

1. General Condition: Good
2. Awareness: *Composmentis*
3. Vital Signs: Blood pressure: 120/80 mmHg
Respiration: 25 x/minute
Pulse: 80 x/minute
Temperature : 37.0 C
4. Palpation: Palpable *balotement*
5. Inspection: There is no vaginal discharge in the form of spots

A: Assessment

Mrs. A G1 P0 A0 30 years pregnant 13 weeks 2 days with a history of *Abortion Imminens*.

Q: Planning

March 13, 2018

1. At 08.05 WIB inform the mother of the results of the examination that the spots have stopped and the pregnancy can be maintained.
2. At 08.10 WIB, tell the mother to maintain personal hygiene such as changing sanitary napkins 2 times per day, sabin 2 times per day and having her defecation in the potty assisted by the family.

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3. At 08.15 WIB tell the mother to keep eating nutritious foods such as foods that contain vitamins, protein and minerals.
4. At 08.20 WIB tell the mother not to do activities that are too strenuous first.
5. At 08.25 WIB tell the mother not to have sex during this pregnancy, because it can cause bleeding.
6. At 08.30 WIB tell the mother to continue the doctor's advice, with the following therapy:
 - a. 500 mg Fe tablets 1 x 1 = 12 tablets
 - b. Folic acid 400 mg 2 x 1 = 12 tablets
7. At 08.35 WIB the 20 tpm RL infusion will be released.
8. At 08.40 WIB, the mother is scheduled to go home at 11.00 WIB.

Evaluation

March 13, 2018 at 12.00 WIB

1. Mother already knows that the brown spots that come out of the birth canal have stopped and the pregnancy can still be maintained.
2. Mother is willing to maintain personal hygiene such as changing sanitary napkins 2 times per day, sibirin 2 times per day and defecate in the potty assisted by the family.
3. Mothers are willing to continue to eat nutritious foods such as foods that contain vitamins, protein and minerals.
4. Mother is willing to not do activities that are too strenuous first.
5. Mothers are willing not to have sex during early pregnancy, because it can cause bleeding.
6. Carrying out the doctor's advice, the drug has been given to the mother and the mother is willing to take it according to the recommended dose.
7. The RL 20 tpm infusion has been removed.
8. Mother came home at 11.00 WIB.

3.2 Discussion

1. Assessment

The assessment and collection of basic data which is the initial stage of midwifery management is carried out by means of assessing subjective data and objective data. According to Saifuddin (2005), signs and symptoms *Abortion Imminens* On examination, there was moderate to profuse bleeding, the cervix was not open, the uterus was consistent with pregnancy, there were no symptoms of cramps or lower abdominal pain and there was no expulsion of some of the products of conception. A there are the following signs:

- a. Come out brown spots from the birth canal
- b. The lower abdomen doesn't hurt
- c. The height of the uterine fundus is 3 fingers above the symphysis
- d. Examination results in no cervical opening

So there is no gap between theory and practice in the field.

2. Evaluation

Abortion imminens is an obstetric emergency when bleeding from the uterus occurs at 20 weeks of gestation with a fetal weight of 500 grams without cervical dilatation and or without a feeling of heartburn and the products of conception are still in the uterus (Manuaba, 2008). Evaluation is the last step to assess the effectiveness of the given care plan including meeting the needs of whether it has really been met in accordance with the needs in the problem and diagnosis (Varney, 2004).

Evaluation of this case after treatment by a doctor *obsgyn*, the general condition of the mother is good, awareness is composmentis, the mother no longer feels anxious, the discharge of brown spots has stopped, there is no potential *abortion insipiens*, as well as *abortion* does not continue and the mother's pregnancy can still be maintained. In general case handling *abortion imminens* This is not much different from the theories that have been stated above, so that patients can be handled properly.

4. Conclusion

Based on what the authors get in case studies and discussions on midwifery care in Ny. A with *Abortion Imminens* at the Maternity Clinic Siti Kholijah Medan Marelau, the authors are able to draw conclusions, namely: Midwifery care for Ny. A with *Abortion Imminens* can be applied through

Varney's seven-step obstetrics management approach as follows: Evaluation of the case after treatment by a doctor *obsgyn*, the general condition of the mother is good, awareness is composmentis, the mother no longer feels anxious, the discharge of brown spots has stopped, there is no potential *Abortion Insiptensas* well as *Abortion* does not continue and the mother's pregnancy can still be maintained. In the case of Mrs. There is a gap between theory and practice, namely in the planning and implementation steps, namely in practice it is recommended to eat nutritious food and personal hygiene. The solution to the problem is to provide proper midwifery care to Mrs. A with *Abortion Imminens*, so that although there is a gap between theory and practice, the problem can be handled.

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