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MIDWIFERY CARE MANAGEMENT KB PARTICIPANTS 3 MONTHS ON INJECTION MRS. S SPOTTING AT HOME DELIVERY WITH MOTHER HASIMA TOBELO NORTH HALMAHERA

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ABSTRACT

The new paradigm of the national family planning program has been changed from realizing his vision Small Family Happy and Prosperous (NKKBS) into a vision to create quality family planning by 2015. Participants are active in Indonesia in 2016 as Mrs as 48. 536. 690 couples of childbearing age (EFA). Most family planning acceptors in Tobelo Hasima Bunda Maternity Hospital in 2017 was 3-month injections participants 214 participants (51, 10%). One side effect of injections 3 months is spotting. Spotting is irregular bleeding or spotting, but not dangerous is going on outside of the menstrual cycle. Acceptors injections 3 months experience spotting at Bunda Maternity Hospital Hasima Tobelo total of 52 participants.

This study aims to implement midwifery care at 3 months acceptors syringe with spotting accordance with midwifery management Varney step. This research uses a descriptive method. Bunda Maternity Hospital Locations in North Halmahera Tobelo Hasima, Mrs subject. P1 S A0 age of 21 years 3 months acceptors syringe with spotting. the format Midwifery Care Family Planning with 7 steps Varney and growth data using SOAP documentation.

Midwifery care is done in Mrs. S P1 A0 during the 7 days that experienced spotting Mrs. S P1A0 on treatment day 7 can be resolved but no

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treatment to eliminate spotting. Of Mrs case. S there is a gap between theory and the case is in the case of Mrs. S action immediately only therapy Fe tablets to prevent anemia and cefixime to prevent infection due to moisture. While in. theory should be given two choices for treatment if the patient wants to continue the injections.

INRODUCTION

Family planning is an effort that set amount such that the number of births for both mother and baby, and the father and family or community in question will not result in losses as a direct result of the birth. 1

According to WHO (World Health Organization) 2014/100 000 live births in 2012 maternal deaths related to pregnancy, childbirth, and 359 births per 100 000 live births. 2 The maternal mortality rate in Indonesia has not shown a significant decline that should be 225 per 100 000 live births in 2000, the challenge we face is to reduce the maternal mortality rate to 102/100 000 live births and the infant mortality rate to 15/1000 live births in 2015 as that achieved in Gols development Millinneum development goals (MDGs). 3

Indonesian village midwife program set up in 1989 to reduce the high maternal mortality rate. The purpose of this program is to address disparities in access to reproductive health care for rural women, improving access to and use of family planning services, and expand the types of contraceptive methods available. 4

Indonesia Health Profile 2015 shows that there is an increase in population growth between 3, 34 and 3, 73 million per year from 2010 to 2015. This contributed to the Indonesian population of 255, 46 million people in 2015. The population pyramids in Indonesia shows that the highest distribution the younger population. This can have an impact on the population explosion in the next few years. One method of controlling the population growth is through family planning (FP). Indonesia regulation number 87 of 2014 states that family planning is a way to limit the number, spacing, and the ideal age for a snack also generated through the promotion, protection, and assistance in accordance with the right to form a family planning reproductive quality. 5

The new paradigm of the national family planning program has been changed from realizing his vision Norma Small Family Happy and Prosperous (NKKBS) into a vision to create quality family in 2015. The family is a family of quality that is prosperous, healthy, progressive, independent, ideal number of

children, insightful fore, responsible, harmonious and devoted to God Almighty. 6

Relationships are harmonious and balanced between family members, the community and the environment around the dwelling. Based on the vision and the mission of the National Family Planning launched a family planning program with Human Resources (HR) quality with birth spacing can be set through the use of contraceptives. 7

The use of contraceptives in Indonesia from year to year has increased so significantly, in 2016 the number of active family planning participants as much as 48. 536. 690 couples of childbearing age (EFA). So also is the case in North Moluccas province, while the author based on data obtained on active coverage of family planning and new KB of data and information on the health profile Indonesia in 2016 that the number of participants active family planning as maMrs as 36. The 873 participants (87, 03%). For use according to the method of contraception: condoms 1. 580 participants (4, 28%), the pill 7. 807 participants (21, 17%), injection 17. 184 participants (46, 60%), IUD 1. 475 participants (4. 00%), implant 7. 435 participants (20, 16%), MOW 845 participants (2, 29%), MOP 547 participants (1, 48%), the diaphragm 0 (0, 00%). While the number of new family planning participants as much as 43 603 participants (102, 91%). For use according to the method of contraception: condoms 1. 187 participants (2, 27%), the pill 5. 900 participants (13, 53%), injecting 20. 877 participants (47, 88%), IUD 718 participants (1, 65%), the implant 14. 294 participants (32, 78%), MOW 580 participants (1, 33%), MOP 47 participants (0, 11%). 8

Achievement of planning participants active in North Halmahera district in January-December 2017 as maMrs as 23 172 participants. For use according to kontrasepsi method: the implant 4. 604 participants (19, 86%), injecting 16. 103 participants (69, 50%), IUD 680 participants (2, 93%), MOP 59 participants (0, 25%), MOW 295 participants (1, 27%), condom 93 participants (0, 40%), the diaphragm 0 (0, 00%), the pill 2. 018 participants (8. 70%). 9

Meanwhile, in the maternity hospital Mother Hasima selected as a place of study, in 2017 from January to December has planning participants as 412 participants, who use injectable contraceptives 3 months as maMrs as 214 participants (51, 10%), the implant as Mrs as 75 participants (18, 20%), IUD (intrauterine device) as maMrs as 74 participants (17, 10%), MOW (method of Operation Female) by 27 participants (6, 55%), the pill were 19 participants (4, 6%), condoms as much as 3 participants (0, 72%), MOP (Operation method man) does not exist. Of the injections there are

some side effects that occur are spotting (Spotting) a total of 52 participants, whitish (Flour albus) of 50 participants, weight gain as much as 46 participants, amenorrhea were 43 participants, hipermenorea as maMrs as 12 participants, headaches by 11 participants.

METHODS

The method used is descriptive case study that, examine and analyze the theory of the 3-month contraceptive injection, spotting, midwifery care management, and methods of documentation in Maternity Hospital Hasima Tobelo North Halmahera. 25

DISCUSSION

Step I. Identification and Data Analysis Basics

In this step include subjective data and objective data. Subjective data which includes identification information is recorded, the complaint obtained from interviews directly to patients / clients (anamnesis) or from the families and health professionals. The main complaint acceptor 3-month injections are spotting blood spotting issuing maroon finger genitals.

Objective data is data that has been collected, tailored to the needs of patients and then do the data processing that combine and correlate data with one another, giving rise to the facts. To determine the patient's general condition overall with the observations. To get an idea of the consciousness of the patient, the patient's level of consciousness assessment of the state of composmentis (maximum of consciousness), comma (the patient is conscious).

In the case of Mrs. S acceptor injections 3 months with spotting grounds to the midwife is to continue the injections and obtained his main complaint was the mother says that the mother as an acceptor injections 3 months and complained issued maroon spots of blood from the genitalia. While on objective data do a physical examination and laboratory tests, namely: general condition: good, abdominal palpation: no palpable tumor, inspection conjunctiva: red easily, inspection genitalia: there appears to be bloodstains berwarna brownish red, the distinctive smell of blood, examination Hb: 10 , 1 g / dL. In this step there is no gap between theory mapun cases.

Step II. Identification of the Actual Problem Diagnosis

Identifying problem from existing data to determine an accurate diagnosis, The data collected is

interpreted according to obstetric diagnoses, problems and needs. Diagnosis of midwifery emerged that Mrs. S P1 A0 age of 21 years 3 months acceptors syringe with spotting day 12, the problem is the mother to feel anxious and uncomfortable connection with blood spots was experiencing. Given need is to provide information about the blood spots (Spotting) is a side effect of the use of injections and provide moral support to the mother. *spotting* is one of the side effects of injections in menstrual pattern disturbance.

Menstrual disorders are long-term effects are often found in users of injectable contraceptive. Because injectable contraceptives containing the hormone progesterone that causes menstrual disorders due to hormonal balance in the body. 27 It can be concluded at this stage there is no gap between theory and case.

Step III. Diagnosis Identification of Potential Problems

In this step is a step for identifying a diagnosis or anticipate potential problems and do preventive treatment whenever possible.

In the case of Mrs. S age of 21 years 3 months acceptors syringe with spotting day 12 defined potential diagnoses are anemia.

Anemia is a decrease in hemoglobin concentration, erythrocyte count and hematocrit so that the number of eritosit or circulating hemoglobin levels can not fulfill its function to provide oxygen to the body tissues. Usually anemia characterized by a decrease in hemoglobin concentration of less than 13, 5 g / dL in men and less than 11, 5 g / dL in adult women. Four causes of anemia, namely: Inadequate intake, a loss of red blood cells caused by trauma, infection chronic bleeding, menstruation, and decreased cell or clotting disorder. 28

Anemia is a decrease in the number of red blood cells or a decrease in hemoglobin concentration in the blood circulation to the conditions hemoglobin level <10, 0 g / dl for women. 29

The length of time and the bleeding that occurs during menstruation does vary from one woman to the other. Normally, bleeding occurs when menstrual bleeding is 3-7 days. Basically long periods of normal or above normal will result in spending more blood that can lead to iron deficiency. 30

It can be concluded at this stage is not a gap between theory and cases.

Step IV. Immediate action and Collaboration

Determining the patient needs immediate action undertaken against a midwife or consultation, collaboration and referral to abnormal deviations.

In the case of Mrs. S age of 21 years 3 months acceptors syringe with spotting day 12 action immediately given is the tablet therapy Fe 1 times in one day and the antibiotic cefixime 2 times in 1 day.

While in theory there are two suggestions on treatment options when patients received injections of bleeding and would like to continue, the treatment includes:

1. With a combined contraceptives 2 times 1 tablet a day, after the bleeding stops reduced doses 1 times 1 tablet a day, then stopped altogether.
2. Prenomut N 2 times 1 day until the bleeding stops, after the bleeding stops the drug dose was lowered to 1 times 1 day then stopped altogether. (Given after consul with the obstetrician).
3. When bleeding occurs threatening the health of the client or the client can not receive the bleeding that occurs, then the injection should not be continued and chose another type of contraception. 19

So at this step there is a gap between theory and cases, as in the case just given blood tamba tablets and antibiotics, while in theory should give two treatment options to stop the bleeding spots.

Step V. Midwifery Care Action Plan

Planned overall care based on based on the previous step. All plans are made should be based on careful consideration.

In the case of Mrs. S age 21 acceptors injecting 3 months with spotting day 12 action plan is tell the mother the results of the examination, tell the mother that will be injected injections 3 months, tell the mother about information bloodstains (Spotting) experienced, give KIE on mother about the side effects of injections 3 months, advise the mother to maintain personal hygiene, especially in the pubic area, give moral support and encourage mothers to visit the mother if there are complaints and tell the mother that will do a home visit.

Because in this step is to formulate the task midwife care plan in accordance with the result of the discussion according to plan with the client and family, then made an agreement before melaksakanMrsa. 24

It can be concluded that the step is not a gap between theory and cases.

Step VI. Implementation of Midwifery Care

This stage is the stage of implementation of all the previous plansBoth to the problem of the patient or diagnosis is made.

In this step has been carried out the appropriate action plan that is let the examination results, Tell the mother that the mother will soon be in an injectable, provides information about the blood spots (Spotting), giving the IEC in the capital of the side effects of injections 3 months, refer mothers to maintain personal hygiene, especially in the pubic area.

In this step, a comprehensive care plan that has been created can be implemented efficiently entirely. So in this step is not a gap between theory and cases.

Step VII. Evaluation of Midwifery Care

Evaluation is the final step in the management of obstetric, Ie with an evaluation of the planning and execution is done.

After midwifery care for 8 days, obtained general condition good, vital signs within normal limits, there is no diagnosis of potential appears, the mother not to worry and feel comfortable, spotting stopped since the time of I wake up in the morning then in the afternoon until late afternoon while checking the blood spots is not out yet, the mother is willing to come to the clinic or doctor for further examination and treatment again if bleeding out again.

Evaluation of the results of the care that has been given include compliance will need help if it really had been met in accordance with the diagnosis of the problem or not. 24

Then the conclusions drawn at this stage there is no gap between theory and cases.

CONCLUSION

After the authors Midwifery Care using midwifery management according to Varney, in Mrs. P1 S A0 age of 21 years 3 months acceptors syringe with spotting day 12 the writer can take some conclusions as follows:

1. Identification and analysis of primary data in Mrs. P1 S A0 age of 21 years 3 months acceptors syringe with spotting day 12 obtained from data on subjective and objective. Of subjective data data showed that the mothers said issuing maroon blood spots on the genitals from the date of June 21, 2018 and the mother was anxious about the situation. Objective data obtained from physical examination and

laboratory covers general condition: good, abdominal palpation: no palpable tumor, inspection conjunctiva: red easily, inspection genitalia: there appears to be bloodstains in maroon, the distinctive smell of blood, examination Hb: 10, 1 g / dL.

2. Identification of the actual diagnosis of the problem, the data obtained from the collection of data taken from the identification and analysis of primary data to obtain a diagnosis of obstetrics ie Mrs. P1 S A0 age of 21 years 3 months acceptors syringe with spotting day 12, the problems experienced are feeling anxious and uncomfortable for spotting the
3. experienced. Given need is information about spotting (spotting) and moral support.
4. Identification diagnosis of potential problems in the case of Mrs. P1 S A0 age of 21 years 3 months acceptors syringe with spotting days to 12 are anemic.
5. Immediate action and in the case of Mrs. P1 S A0 age of 21 years 3 months acceptors syringe with spotting day 12 is the provision of tablets therapy Fe 1 times in one day and the antibiotic cefixime 2 times in 1 day.
6. Midwifery care action plan will be done in the case of Mrs. S age 21 P1 A0 acceptor injections 3 months with spotting day 12 is let the results of the examination, tell the mother about information blood spots (spotting), provide the IEC in the mother about side effects of injections 3 months, advise the mother to maintain personal hygiene, especially in the pubic area, give moral support mothers, encourage the mother to visit when there is a complaint and inform the mother that will do a home visit.
7. Implementation of midwifery care given to Mrs. P1 S A0 age of 21 years 3 months acceptors syringe with spotting days to 12 in accordance with what has been planned.
8. Evaluation of the care provided in Mrs. S age 21 P1 A0 acceptor injections 3 months with spotting days to 12 for 8 days, the result general condition: good, consciousness: composmentis, no diagnosis of potential happens, the mother does not feel anxious again and feel comfortable, the bleeding stops waking in the morning then in the afternoon until late afternoon while checking the blood spots is not out yet, the mother is willing to come to the clinic or doctor for further examination and

treatment again if bleeding bercakMrsa out again.

Of Mrs case. S there is a gap between theory and the case is in the case of Mrs. S action immediately only therapy Fe tablets to prevent anemia and cefixime to prevent infection due to moisture. While in theory should be given two choices for treatment if the patient wants to continue the injections.

REFERENCES

1. Princess Elise, Melyani. Knowledge Relationships With Attitude In Choosing amenorrhoea method Ruling On Lactation In UPTD Capital District Health Clinics of North Pontianak. Journal of Obstetric, May 2017; Vol: 7 (1).
2. Tamera Natalia Grace, Rasmin Hi. Abd Muttalib, Frangky Mapanawang. Management Of Mother Maternity Obstetric Care At Mrs. "Y" With Kala II Long In Tobelo Clinic Of North Halmahera. International Journal Of Medicine and Current Health Research, 2017; Vol: 2; (03): DOI: 22301. 10. / IJHMCR. 2528-3189.
3. Suhartono Hermanus. Improved Realitationship Of Skills and Knowledge and Equitable Distribution workes For Health Care Can Reduce Maternal and Infant Mortality Rate In Indonesia Especially. International Journal of Health Medicine and Current Reserch, 2017; Vol: 2 (02): DOI: 102 230 / IJMCR. 2528-3189.
4. Emily H. Weaver, et al. Effect of Village Midwife Program on Contraception Prevalence and Method Choice in Indonesia. NIH Public Access, 2013; Dec: Vol 44 (4): 389-409. DOI: 1111. 10. 1728-4465. 2013. 00 366.
5. Ministry of Health of the Republic of Indonesia. Indonesia Health Profile. 2014.
6. DenMrs Pebrianti and Yuliana. About Knowledge Capital relationship Depo Provera Contraceptive Injection Birthday With Compliance Stay in Polindes Kuala Kubu Raya II. Journal of Obstetric, May 2016; 06(01).
7. Elizabeth Selfi Kansil et al. Relations Injectable Contraceptive Use Medroxi Depo Progesterone Acetate (DMPA) With Physiological Changes in women of fertile age (WUS) in Puskesmas Ranomuut Manado. Journal of Nursing. August 2015; 03(3).

8. Ministry of Health of the Republic of Indonesia. Data and Information Indonesia Health, Indonesia Health Profile About Coverage Contraceptive Users in North Moluccas: 2016.
9. Profile of North Halmahera District Health Office. Contraceptive Coverage Data Users Tobelo. 2017.
10. Sariesty Rismawati. Unmet Need: Challenges Facing the Family Planning Program in 2030. The Population Explosion, 2014.
11. Princess Elise, Megalina Limoy. Attitude Knowledge Relationships With Wife In Contraception Natural Selection Billings Ovulation Method (MOB). *Journal of Obstetric*, May 2017; 7(1).
12. Yetti Atiyah et al. Social Relationships Culture, Perception, Fear Will Installation With Mom Picks In Using Contraception IUD in the village of Telaga Sari Village, Tanjung Morawa, Deli Serdang regency. *Simantek Scientific Journal*, November 2017; 1(4).
13. Chelsea B. Polis, et al. Effect of Injectable Contraceptive Use on Response to Antiretroviral Therapy Among Women in Rakai, Uganda. *NIH Public Access*, Dec 2012; Vol 86 (6): 725-730. DOI: 10.1016/j.
14. Sri Hayati, et al. Relationship Capital Knowledge about contraceptive methods Kontrasepi With Election (Case Study: PHC Majalaya). *BSI Nursing Journal*, September 2017; 5(2).
15. Farida. Use of Injectable Contraceptives and pills against Improved Weight On Mother spouses of fertile age. *Health Science Journal*, December 2017; 6(2).
16. Ida Susila, Triana Riski Oktaviani. Injectable Contraceptives Relationship With Increased Weight Acceptor (Studies in BPS Dwenti KR Sumberejo Lamongan 2015). December 2015; 7(2).
17. Nilda Yunita Siregar. Behavior Selection Against Women of fertile age 3 Injectable Contraception Clinic Hasanuddin Medan. *Scientific Journal Simantek*. June 2017; 1(2).
18. Nina Siti Mulyani, Mega Rinawati. Family planning and contraceptives Tool. Yogyakarta: Nuha Medika. , 2013; p. 93-98.
19. Ernawati. Users Lama relationship Injectable Progestin Depo With Genesis Spotting At KB
20. acceptors in Makassar Patingaloang health center. *Diagnosis Health Science Journal*, 2017; 10(2).
21. Babre VM et al. Progesterone Acetate Depot-Medroxy As An Affective Contraception Method In lactating Mothers. *International Journal of Reproduction, Contraception, Obstetrics and Gynecology*, Oct. 2016; Vol 05 (10): 3422-3424. DOI: 10.18203/2320-1770.
22. Sari Priyanti. Injectable Contraception long 3 Months Against Melasma incident in the village Karangjeruk Jatirejo District of Mojokerto. *Majapahit Hospital Journal*, Vol: 8 Number; 2 November 2016.
23. Merlinda Octia Dias, et al. Comparative Study of Weight Before And After 3 Months Using Injectable birth control in BPS Titin Bangunjaya Village Pakel Tulungagung subdistrict. *Scientific Journal of Midwifery*. January 2013; 1.
24. Evie Ludviyah, Ferilia Adiesti. KB Injectable DMPA on Changes in Body Weight in Karang Jeruk Jatirejo District of Mojokerto. *Journal of Hospital Majapahit*, February 2013; Vol: 5 (1).
25. Betty Mangkuji, et al. Midwifery Care 7 Steps SOAP. Jakarta, (pp. 167-171). 2012.
26. Juliansyah Noor. Research methodology. Jakarta: Kencana. 2017; (Pp. 35-36).
27. Mapanawang, A. L, Books Research in the Field of Health. *Medika Mandiri North Halmahera: Tobelo*. 2016; p. 135-145.
28. Rusni Mato, Hasriyani Rashid. Factors That Affect Side Effects On Depo Provera Contraceptive Use PHC Sudiang In Makassar. *Diagnosis Health Science Journal*, 2014; 5(2).
29. Istia Princess Lestasi et al. Iron Consumption Relations With Anemia In Genesis 27 student SMP Negeri Padang. *Andalas Medical Journal*, 2017; 5(3).
30. Martina Maljeti et al. The Effect Of Spinach Capsules (*Amaranthus tricolor* To Increase The Level Of Hemoglobin (Hb)) In Pregnant Women In Mahia Village, Central Tobelo Sub-District North Halmahera Regency. *International Journal Of Medicine And Current Health Research*, Hal. 2 PP 558-562, DOI; 10.22301/IJHMCR.2558-3189.558.
31. Avnalurini holy Shariff, Nurlina Akbar. The Relationship Between Nutritional Status Menstruation Pattern With Anemia In Genesis Prodi DIII Midwifery student of Indonesian Muslim University. *Research articles, Window Of Health*, January 2018; 1(1).
