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## **MIDWIFERY CARE MANAGEMENT ACCEPTOR DEPO PROVERA CONTRACEPTIVE INJECTION AT NY. I WITH FLOUR ALBUS ON MOTHER MATERNITY HOSPITAL HASIMA NORTH HALMAHERA**

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### **ABSTRACT**

*World Health Organization* (WHO) defines health is a prosperous condition of physical, spiritual, social and economic, not only free from disease or disability. Indonesia to invite the International Community's attention back in the family planning program (KB) as an effort to control the population. KB active participant of North Halmahera Health Department since January to December 2017 as many as 23 172. KB active participant injectable Depo Provera from Bunda Maternity Hospital Hasima tobelo since January to December 2017 as many as 214. One of the side effects of Depo Provera contraceptive injection is Flour Albus. Whitish (Flour Albus) is a discharge of excess fluid from the birth canal or vagina and not the blood.

The purpose of this research is to implement midwifery care acceptor injectable contraceptive Depo Provera with Flour Albus accordance with the management of obstetric 7 steps Varney. Scientific Paper use descriptive method. Bunda Maternity Hospital Locations in North Halmahera Tobelo Hasima, Ny subject. I age of 25 acceptors A0 P1 injectable contraceptive Depo Provera with Flour Albus. The case studies carried out on July 15th until August 12th, 2018 using the format Midwifery Care Family Planning with 7 steps Varney and growth data using SOAP documentation.

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## INTRODUCTION

World Health Organization (WHO) defines health as a physical, spiritual, and socio-economic condition, not just free from illness or disability. WHO also stated that the reproductive health problems of poor women had reached 33% of the total burden of the disease that attacks women throughout the world. There are 76% of reproductive health problems in Asia that experience vaginal discharge, about 90% of Indonesian women have the potential to experience vaginal discharge because in Indonesia is a tropical climate, so its mushrooms, virus, and bacteria are easy to grow and develop which results in many cases of vaginal discharge in Indonesian women, indicating that every woman has a higher risk of infection or pathological vaginal discharge.<sup>1</sup>

The maternal mortality rate in Indonesia has not shown a significant reduction that should have been 225 / 100,000 live births in 2000, the challenge we face is to reduce maternal mortality to 102 / 100,000 live births and infant mortality rates to 15/1000 live births in the year 2015 as that achieved in tujua n development (MDGs).<sup>2</sup> In Indonesia AKI 2014 214 / 100,000 live births in 2012 the maternal mortality terkait t pregnancy, labor and birth 359 / 100,000 live births.<sup>3</sup>

Indonesia invites the International World to pay attention to the Family Planning Program (KB) as an effort to control the population. In its intervention on the UN Secretary General's report on monitoring the world population with a focus on contributions and the *International Conference Population and Development* (ICPD) action program, Indonesia said that the population is an important problem that must be dealt with together. It is intended to achieve the goals of global development and other interrelated development.<sup>4</sup>

The latest data on the achievements of active family planning participants from the North Halmahera Health Office from January to December 2017 were 23,172 participants including 1 month and 3 month injection KB 16,103 participants (69.50%), 4,604 participants (19.86%), KB pill 2,018 participants (8.70%), IUD 680 participants (2.93%), MOW 295 participants (1.27%), Condoms 93 participants (0.40%), MOP 59 participants (0.25%). And those who experienced vaginal discharge (*Flour Albus*) were 54 participants (0.33%). The reason for coverage of family planning or contraceptive users increases because hormonal contraception has more practical, effective and safe work and has better effectiveness, so that it contributes greatly to reducing mortality in order to improve the welfare of mothers and children.<sup>5</sup>

Data on active family planning participants from the Maternity Home of Hasima Tobelo North Halmahera from January to December 2017 were 605 participants including Implants 275 participants (45.15%), Injection KB 214 participants (35.13%), IUD 74 participants (12.15%), MOW 27 participants (4.43%), KB Pil 19 participants (3.19%), and MOP 0 participants. From the

data, there were 50 (23, 36%) active injecting participants who experienced side effects of vaginal discharge (*Flour Albus*).<sup>6</sup>

Data obtained from January to April in 2018, the number of users of the family planning program at the Motherhouse of Hasima Tobelo Maternity Hospital in North Halmahera District was 325 participants, each of which was injection KB 150 (46.15%) participants, Implant 125 (38.46%) participants, IUD 25 (7.69%) participants, KB Pil 15 (4.61%), MOW 10 (3.07%) participants. And there were 5 active injection KB participants who experienced complaints from *Flour Albus*.<sup>7</sup>

## METHODS

This type of research uses a descriptive method with a case study approach, which approaches the varney steps. The research method used is descriptive with a case study approach, namely, reviewing and analyzing the theory concerned with the case found or that will be raised in it.<sup>16</sup>

The total number consisting of objek or subjek which has certain characteristics and qualities determined by the researcher to be examined and conclusions drawn later. The characteristics possessed will be used for research. The research subjects in this study were spouses of fertile age (EFA) using Depo Provera contraceptive in Bunda Maternity Hospital Hasima North Halmahera Tobelo Year 2018.<sup>16</sup>

## RESULT AND DISCUSSION

After the author carried out midwifery care for injection KB acceptors with *Flour Albus* in Ny. I P<sub>1</sub> A<sub>0</sub> with midwifery management according to Varney, the author will discuss and compare between theory and case when providing midwifery care so that they can find out the gaps that occur and draw conclusions using Varney's 7 steps as follows:

### Step I. Basic Data Identification and Analysis

In this step include *subjective* data and *objective* data. Subjective data is that information recorded includes identity, complaints obtained from interviews directly to patients / clients (history) or from family and health personnel. Main complaints of 3-month injection KB acceptors with *Flour Albus* is a thick greenish-yellow discharge from the genitals and accompanied by itching.

*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 find out the general condition of the patient as a whole by observation. To get an overview of patient awareness, study the degree of patient awareness of the state

of *composmentis* (maximal awareness), coma (the patient is not conscious).

In the case of Ny. I 3 months injection KB acceptor with *Flour Albus* the reason for coming to the midwife is to ask about the main complaint is that the mother says that the mother as a family planning acceptor is injected with 3 months and complains of greenish yellow discharge from the genitals and accompanied by itching. Whereas in the *objective* data a physical examination and laboratory examination are carried out, namely: general condition: good, abdominal palpation: not palpable tumor, inspection of conjunctiva: easy red color, genitalia examination: there is a greenish-yellow liquid, and no laboratory examination is performed. In this step there is no gap between theory and case.

### Step II. Identify Actual Diagnosis of Problems

Identifying period la h from existing data to determine the diagnosis akurat. Data that has been collected is interpreted according to obstetric diagnoses, problems and needs. An emerging obstetric diagnosis is Ny. IP<sub>1</sub> A<sub>0</sub> age 25 years acceptors of a 3-month injection of family planning with *Flour Albus*, the problem is that the mother feels anxious and uncomfortable with regard to her itching complaints. Given need is to provide information about the whiteness (*Flour Albus*) is a side effect of the use of injections and provide moral support to the mother.

So it can be concluded that in this step there is no gap between theory and case.

### Step III. Identify Diagnosis of Potential Problems

This step is a step to identify diagnoses or potential problems and anticipate their handling if possible prevention.

In the case of Ny. I, aged 25 years, a 3-month injection KB acceptor with a potential diagnosis of *Flour Albus* is an infection.

So it can be concluded that in this step there is no gap between theory and case.

### Step IV. Immediate Action and Collaboration

Determine the patient's need for immediate action by a midwife or consultation, collaboration and referral to abnormal deviations.

In the case of Ny. I aged 25 years of 3 month injection KB acceptor with *Flour Albus* Immediate action given is trichodazole antibiotic therapy 2 times in 1 day.

So in this step there is a gap between theory and case, because in the case of only trichodazole tablet antibiotics, whereas according to the theory, it only maintains good personal hygiene, especially in genitalia areas.

### Step V. Midwifery Care Action Plan

Planned comprehensive care based on the previous steps. All planning must be based on appropriate considerations.

In the case of Ny. I age 25 years family planning acceptor with 3 months injection with *Flour Albus* the action plan is to notify the mother of the examination results, tell the mother about the information of vaginal discharge (*Flour Albus*) experienced, give KIE to the mother about the side effects of 3 months injection KB, advise the mother to consume nutritious food, encourage mothers to maintain *personal hygiene*, especially in the pubic area, give the mother moral support and encourage the mother to re-visit if there are complaints and tell the mother that a home visit will be carried out.

Then it can be concluded that in this step there is no gap between theory and case.

### Step VI. Implementation of Midwifery Care

This stage is the implementation stage of all previous plans, both on the patient's problem or the diagnosis that is enforced.

In this step, appropriate action has been carried out in planning, namely telling the results of the examination, giving information about vaginal discharge (*Flour Albus*), giving KIE to the mother about the side effects of 3-month injection KB, encouraging the mother to maintain *personal hygiene*, especially in the pubic area, giving the mother moral support, advise the mother to consume nutritious food and encourage the mother to come back if there are complaints and tell the mother that a home visit will be held on July 20, 2018.

In this step a comprehensive care plan that has been made can be implemented efficiently entirely. So in this step there is no gap between theory and case.

### Step VII. Midwifery Care Evaluation

Evaluation is the final stage in midwifery management, namely by evaluating the planning and implementation carried out.

After 10 days of midwifery care, starting from July 20, 2018 until July 25, 2018, the general condition is good, vital signs are within normal limits, there is no potential diagnosis that appears, the mother is not anxious and already feels comfortable, the fluid is normal back from the date of July 24, 2018 pa da daylight until late in the evening on 25 July 2018 during the examination there is no liquid greenish yellow color from the appliance genitalia mother and itching are also gone, the mother is willing to come to the clinic or doctor for further examination and treatment if there are complaints again.

So to conclude this step there is no gap between theory and case.

## CONCLUSION

After the authors Midwifery Care using midwifery management according to Varney, in Ny. I age 25 years P<sub>1</sub>A<sub>0</sub> contraceptive injection 3 months injection with *Flour Albus*, the writer can draw some conclusions as follows:

1. Identification and analysis of basic data in Ny. I age 25 years P<sub>1</sub>A<sub>0</sub> 3 month injection KB acceptor with *Flour Albus* is obtained from *subjective* and *objective* data. From the *subjective* data, data was obtained that the mother said to emit greenish-yellow fluid from her genitals and accompanied by itching since June 30, 2018 and the mother felt anxious about her condition. *Objective* data obtained from physical and laboratory examinations include general conditions: good, abdominal palpation: not palpable tumor, conjunctival inspection: easy red color, genitalia examination: there appears to be a greenish-yellow liquid, and laboratory tests are not performed.
2. Identify diagnoses of actual problems, data obtained from data collection taken from identification and analysis of basic data to obtain a midwifery diagnosis, namely Ny. I age 25 years P<sub>1</sub>A<sub>0</sub> contraceptive acceptors are injected 3 months with *Flour Albus*, the mother is anxious and uncomfortable because of her complaints of itching.
3. The needs given are information about vaginal discharge (*Flour Albus*) and moral support.
4. Identification diagnosis of potential problems in the case of Ny. I age 25 years P<sub>1</sub>A<sub>0</sub> injection of 3 months KB acceptor with *Flour Albus* is an infection.
5. Immediate action and in the case of Ny. I age 25 years P<sub>1</sub>A<sub>0</sub> 3 month injection contraceptive acceptor with *Flour Albus* namely giving trichodazole tablet antibiotic therapy 2 times in 1 day.
6. Midwifery care action plan which shall be made in the case of Ny. I age 25 years P<sub>1</sub>A<sub>0</sub> family planning acceptors with 3 months injection with *Flour Albus* is notifying the results of the examination, informing the mother about the information about vaginal discharge (*Flour Albus*), giving KIE to the mother about the side effects of 3 months injection KB, advising

the mother to maintain *personal hygiene* especially in the pubic area, give the mother moral support, encourage the mother to consume nutritious food, encourage the mother to revisit if there are complaints and tell the mother that a home visit will be made.

7. Implementation of midwifery care given to Mrs. I age 25 years P<sub>1</sub>A<sub>0</sub> family planning acceptors injected 3 months with *Flour Albus* according to what was planned.
8. Evaluation of the care provided in Ny. I age 25 years P<sub>1</sub>A<sub>0</sub> contraceptive acceptors injected 3 months with *Flour Albus* for 10 days, obtained results of general conditions: good, awareness: *composmentis*, no potential diagnoses that occur, the mother does not feel anxious anymore and already feels comfortable, fluid greenish yellow has not existed since July 24, 2018 when the afternoon until late afternoon at the time of examination on July 25, 2018 greenish yellow liquid is no longer coming out, the mother is willing to come to the health center or doctor to get further examination and treatment if more complaints.

From the case of Mrs. I aged 25 years of 3 month injection KB acceptor with *Flour Albus* Immediate action given is trichodazole antibiotic therapy 2 times in 1 day.

So in this step there is a gap between theory and case, because in the case of only trichodazole tablet antibiotics, whereas according to the theory, it only maintains good personal hygiene, especially in the genitals.

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