

DOI:

10.22301/IJHMCR.2528-3189.1210

Article can be accessed online on:
<http://www.ijhmcr.com>

ORIGINAL ARTICLE

**INTERNATIONAL JOURNAL
OF HEALTH MEDICINE AND
CURRENT RESEARCH**

OBSTETRIC CARE MANAGEMENT FOR REPRODUCTIVE SYSTEM DISORDERS WITH ALBUS FLOUR PATHOLOGY AT WARI POLINDES

Sarah G. Mapanawang^{1,2*}, Irna Tibironga¹, Faleryn Sahuleka²

¹ Midwife Department of Akbid Makariwo Tobelo, North Halmahera, North Moluccas, Indonesia

² Nursing Department of STIKES Halmahera, Yayasan Medika Mandiri

ARTICLE INFO

Article History:

Received 24th Dec, 2018

Received in revised form

22th Jan, 2019

Accepted 25th Feb, 2019

Published online 31st Mar, 2019

Key words:

*Management System Disturbance
Reproduction with Albus Flour
Pathology*

***Correspondence to Author:**

Sarah G. Mapanawang

*Midwife Department of Akbid
Makariwo Tobelo, North
Halmahera, North Moluccas,
Indonesia.*

E-mail:

smapanawang@yahoo.com

ABSTRACT

Results from the BKKBN said that the number of women in the world who had experienced vaginal discharge was 75%, while European women who experienced vaginal discharge were 25%. In Indonesia as many as 75% of women have experienced vaginal discharge at least once in their lives and 45% of them can experience vaginal discharge twice or more.

Able to improve the ability, knowledge, skills and real experience of the author to provide midwifery care for reproductive system disorders with flour albus Using seven-step management according to Varney.

The method used is descriptive in the form of a case report. The case study was conducted at Polindes Wari on the subject of the case study Ms. K aged 13 years with impaired reproductive system flour albus pathology on July 16 2018-26 July 2018 using midwifery care format and other data collection techniques for interview, observation, physical examination.

After a 1-day dive check and a repeat visit after 3 days and a second visit after 7 days observing vaginal discharge given KIE about vaginal care, giving drug therapy and recommending a double visit, I received good KU results, composmentis awareness, pressure blood 100/70 mmHg, S 36.50C, N 80x / minute, R 20x / minute vaginal discharge of white and thick viscous fluids, and after-care evaluation namely flour albus pathology, has been cured, the kline is

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Citation: Sarah G. Mapanawang^{1,2*}, Irna Tibironga¹, Faleryn Sahuleka², 2019 "Obstetric Care Management For Reproductive System Disorders With Albus Flour Pathology At Wari Polindes", *International Journal of Health Medicine and Current Research*, 4, (01), 1210-1213.

willing to continue to maintain vaginal hygiene, and the client is willing to come health personnel if there are complaints.

INTRODUCTION

In line with the progress in Indonesia in every sector of development, formal or informal, so that qualified human resources are needed to meet the needs of employers all at one stirring the continuous development of the wheel of the organization that will affect organizational productivity. Organizational productivity is very much determined by the human resources available in the organization. On the other hand, human resource productivity is also determined by the health of the conditions of the applicant and the employer or worker. Therefore, the health conditions of applicants, employers, or workers must get attention so that they get out of illness and attack disease.¹

Adolescent reproductive health has the meaning of a healthy condition concerning the reproductive system (functions, components and processes) possessed by adolescents both physically, mentally, socially and spiritually, the problem of adolescent reproductive organs needs to be taken seriously, because the problem most often appears in countries-developing countries referred to Indonesia. Reproductive health according to the WHO (*word healt organization*) is a complete physical and social well-being and not only there are no diseases or weaknesses in everything related to the reproductive system that is started in adolescence. As for adolescents defined as a transition period from childhood - childhood to adulthood.²

One female reproductive health problem is albus flour, the incidence of albus flour in the world is very large. On average more than 50% of women in every world experience it besides being very disturbing, flour albus is also a sign of malignancy.²

Even though it is a simple disease, the fact that leucorrhoea is a disease that is not easily cured and can lead to death According to WHO that 75% of women must experience vaginal discharge at least once in a lifetime at most 45% practice 2 or more leucorrhoea most often caused by *albican candida*.²

Reproductive morbidity refers to poor health conditions related to the reproductive process during and outside the childbearing period. Reproductive morbidity has been classified into three types of Midwifery, Gynecology, and Contraception. In recent years, gynecological problems of poor women in developing countries have received increasing attention. Gynecological morbidity refers to reproductive morbidity other than pregnancy, abortion, childbirth and contraception. High rates of gynecological morbidity, especially reproductive tract infections and sexually transmitted infections can turn out to be fatal if not treated properly.³

Vaginal vaginal discharge is a common symptom among patients seen in reproductive health services globally, and has far-reaching health, social and economic consequences. The highest prevalence is found in developing countries, mostly among the poorer population.⁴

As a result of leucorrhoea all fatal if slow ditagani. Not only experiencing infertility and ectopic pregnancy (pregnancy outside pregnancy) due to blockages in the fallopian tubes, vaginal discharge is also an early symptom of cervical cancer which is the number one killer for women with an incidence of cervical cancer reaching 100 per 100,000 population per year.⁵

Various disorders of the vagina are the main reason for the patient's visit to the gynecological section of pathogenic flour albus often caused by infection, one of which is bacterial vaginosis (BV) is the most common cause (40% -50% of cases of *vulvovaginal candidiation* (VVC) fungal infections in the vulva or intervaginal caused by candida spp. the clinical manifestations of VVC are minimal vaginal discharge, serous mucus, homogeneous, looks like cottage cheese, and has a slight odor.⁵

Results from the BKKBN state that the number of women in the world who have experienced vaginal discharge is 75%, while European women who experience vaginal discharge are 25%. In Indonesia, 75% of women have had vaginal discharge at least once in their lives and 45% of them can experience vaginal discharge twice or more.⁶

Based on preliminary data obtained at RSU Tobelo the number of mothers with reproductive disorders from January 2017 to December 2017 was 2,447 people, for urinary infections 1,116 people (45.6%), uterine myoma 361 people (14.75%), ovarian cysts 258 people (10.54%), albus flour 240 people (9.8%), menometroragia 190 people (7.77%), amenorrhea 165 people (0.5%), bartolin abscess 1 person (0.04 %).⁷

The data obtained at Polindes Wari from January to December 2017, the number of women who examined vaginal discharge was 50 of them, women using contraception 20 people (40%), while adult women 20 people (40%) and in adolescents 10 people (10%)

METHODS

The type of study used in writing in this study is *descriptive* method. The descriptive method is a method of research that is carried out with the main purpose of making an image or descriptive of the situation objectively.¹⁹ Population is the total number consisting of objects or subjects that have certain characteristics or qualities set by the researcher to be examined and then draw conclusions.¹⁸ The population used is a disorder of the reproductive system with natural flour. Samples

are part of a number of characteristics possessed by the population used for research. ²⁰ The sample used is 1 person.

Case study instruments are tools used for data collection. In reproductive disorders with *albus flour* the authors used reproductive care obstetric care instruments with Varney and SOAP steps for development.

RESULT AND DISCUSSION

After writing, midwifery care for reproductive system disorders with flour albus on Ms. K with midwifery management according to vernay, the author will discuss and compare between theories and cases when giving midwifery care so that they can find out what happened and draw conclusions by using the 7 vernay steps as follows:

Step I. Basic Data Identity and Analysis

In this step include *subjective* data and *objective* data. *Subjective* data are recorded mencakup identity information, complaint obtained from interviews langsung to patients / clients (anamnesis) or from the families and health professionals. The main complaint of reproductive system disorders with flour albus pathology is removing excess thick mucus, white, cloudy, thick, itchy and hot when urinating from the birth canal.

Objective data is data that has been collected, tailored to the needs of patients and then in doing that menggabungkan data processing and connecting data with other data so that menumbulkan facts. To find out the general condition of the patient as a whole with observations. To get an overview of patient awareness, assess the degree of patient awareness of the state of *composmentis* (maximal awareness), coma (the patient is not conscious).

In the case of Ms. K with complaints of leucorrhoea since 4 months and 3 weeks, often thick excess mucus that comes out, cloudy white color, feels itchy and feels hot when urinating. On objective data from the examination of vital signs, TD 100/70 mmHg, temperature 36.5 °C, pulse 85x / m, respiration 20x / m. When examining the vagina there is a thick mucus that clots and turns cloudy, on Ms. K did not carry out any torture. So in this case the authors found a gap between theory and cases in supporting examinations. According to the supporting examination theory, a supportive examination of the *vaginal* PH must be carried out because there are no signs that lead to genitalia infections such as swelling in the vaginal pain and tissue injury. So that there is no *vaginal* pH examination.

Step II interpretation of basic data.

Interpretation of problems from existing data to determine accurate diagnoses. The collected data is

interpreted according to midwifery diagnoses, problems and needs. Obstetric diagnosis that appears in the case of Ms. K age 13 years with albus pathology flour reproductive system disorders. The problem that arises in Ms. K is anxiety in patients with their condition. From the problems that arise, what is given is the moral encouragement and information about flour albus. In this case the author does not get the chance between theory and case.

Step III identify diagnoses of potential problems .

In this step the midwife identifies the problem or potential diagnosis based on a series of problems and diagnoses that have been identified. On Ms. A potential diagnosis will occur, genitalia infection such as swelling of the vagina, pain and tissue injury.

Proper anticipation and good management of midwifery care given to clients so that there is no vaginal infection. In the case of Ms. K there is no gap between theory and practice.

Step IV Identify and Establish Needs that Require Immediate Handling and Collaboration.

Anticipating the need for immediate action by midwives and doctors for consultation or handled together with other health team members. Immediate action given to Ms. K, namely the drug Metronidazole 3x1 500 mg, 2 tablets.

In this case the author found an understanding between theory and case studies in the plan of giving therapy. This resistance does not prevent the next upbringing.

Step V Planning for Comprehensive Care.

In this care not only includes what has been identified from the client's problem conditions, but also from the framework of anticipatory guidelines for the client, whether the need needs counseling, counseling and whether the patient needs to be referred because there are problems related to other health problems. In the task step the midwife formulates a care plan in accordance with the results of the discussion plan with the client and family, then makes a joint agreement before implementing it

In the case of Ms. K with reproductive system disorder with flour albus pathology the plan of action given was giving explanation to Ms. If the results of the examination, give IEC how to maintain the cleanliness of her femininity, to keep it clean and dry and how to wash her vagina properly, give moral support to Ms. K is as comfortable as the conditions, explained to Ms. K so as not to scratch the female area when itching, giving the treatment of whitish medicine in its natural form, namely metronidazole 500 mg 3x1 2 tablets, recommend re-control 3 more days. Because of the cooperation between Ms. K with a midwife so there is no gap between theory and practice.

Step VI: Carry out care

In this step a comprehensive care plan that has been made can be carried out efficiently entirely. On albus flour, drugs such as metronidazole 500 mg 3x1 2 tablets were given.

In the implementation of Ms. K, namely giving KIE about how to maintain hygiene, namely by splitting properly from the front back so that the dianus bacteria do not protect the vagina, using the right pants, always changing underwear at least twice a day and avoiding towels that change with others, giving moral support for Ms. K so as not to worry that his vaginal discharge will heal, give an explanation to Ms. K so as not to scratch when itching, this is intended so as not to cause injury to prevent infection, provide drug therapy, namely metronidazole 500 mg 3x1 2 tablets, recommend re-control for 3 more days. In this case, there is a gap between drug therapists in cases and case studies. However, it does not hinder the implementation of the next upbringing.

Step VII: Evaluation

Evaluating the results of care that has been provided includes meeting the need for assistance whether it has really been fulfilled in accordance with the diagnosis / problem. In the case of Ms. K in harpkan at 10 days flour albus has been reduced there is no further infection, the client feels he is not worried and feels comfortable.

After doing midwifery care for 10 days from July 16 to July 26 on Ms. The age of 13 years with impaired flour albus in polindes wari, the result of the treatment obtained was albus flour cured, Ms. K is willing to keep guarding his feminine area and Ms. K bersedia for kunjungan the first 3 days after the examination and kunjungan back either 7 days after kunjungan first penagganan right and good observation of the implementation of midwifery care provided to clients the results of the evaluation are not found kesenjangan theory and pr a ktek lapa n gan.

CONCLUSION

After the author carried out midwifery care on Ms. For the age of 13 years with systemic disorders of *flour albus* pathology in polindes wari conclusions can be drawn as follows:

1. The author gets it
 - a. In the assessment of Ms. The problem of subjective disorders of the *flour albus* pathology reproductive system is obtained. Subjective data is obtained from patient interviews where the main complaint is Ms. K came to the Wari Polindes with complaints from 4 months ago and 3 weeks ago that often thick excess mucus came out, white, cloudy, monkey, itchy and felt hot when urinating. While the data diperole of physical examination that good general

condition, blood pressure 100/70 mm Hg, pulse 80x / min, respiration 20x / minute, temperature 36.5 °C on examination of genitalia are clotted and turbid viscous mucus.

- b. In the interpretation of the data the diagnosis is obtained on Ms. K age 13 years with *albus* pathology *flour* reproductive system disorders. The problem arises namely Ms. K feels anxious and uncomfortable about the liquid coming out of her vagina. So the need is to give ready for huaman yana given moral Ms. K with counseling about vaginal discharge.
- c. In the case of Ms. There was no potential diagnosis for *vaginal albus* pathology with *albus flour* pathology because there were no symptoms leading to *vaginal* infections such as pain, swelling, and damage to the vaginal tissue.
- d. Anticipation in the case of Ms. K with flour albus pathology by giving metronidazole therapy 500 mg 3x1 2 tablets. Because it is not found in a potential state.
- e. Planning in the case of Ms. K with *flour albus* pathology notification about the condition, give IEC about maintaining the cleanliness of the genitalia area to keep it clean and dry, give moral support to Ms. K, give an explanation to Ms. K for not scratching the *vagina* if itchiness gives therapy for metronidazole 500 mg 3x1 2 tablets of vaginal discharge and recommend re-control 3 days after examination.
- f. Implementation in midwifery care Ms. K with alnus flour pathology is to inform Ms. K about his condition, gave IEC about maintaining the cleanliness of the genitalia area to keep it clean and dry, giving moral support to Ms. K, give an explanation to Ms. K for not scratching the *vagina* if itchiness gives therapy for metronidazole 500 mg 3x1 2 tablets of vaginal discharge and recommend re-control 3 days after examination.
- g. In evaluating the case Ms. K in 10 days from July 16 to July 28, 2018 with 2 visits to get vaginal evaluation on Ms. H has healed and Ms. I'm happy and comfortable. Ms. K agreed to carry out the recommendations given by the midwife.

2. The author gets the gap between theory and practice, namely

In handling the case Ms. K with *albus flour* pathology was not investigated. In the case of flour albus a laboratory pH *vaginal* examination must be performed to detect the possibility

of vaginal infection. In the case of Ms.K found theory and practice resistance. According to the theory of flour in the case of flour albus, a vaginal pH examination was carried out but in the pratek no investigation was carried out because in the case of Ms. K was not found to show signs of vaginal infection and resistance to drug therapy, in which the antibiotic amoxcillin and metronidazole were administered, while only part of the drug was given metronidazole.

3. The author provides theoretical and part learning skills, namely:

Giving KIE about how to maintain the cleanliness of the female area, namely by plucking the female area from the front back so that the germs in the anus do not move to the vagina, using fitting pants and changing underwear twice a day, and avoiding towels that change with others. Giving moral support to Ms. K is not worried that vaginal discharge will heal, giving an explanation to Ms. K so as not to scratch when the genitals are itchy. This avoids the occurrence of injury so that there is no infection.

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