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Family Midwife Care Planning In Ny. T Age 25 Years Old Pi A0 Iud Contraceptor Acceptance With Physiological Leucorea At Siti Kholijah Marelan Clinic

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ABSTRACT

The IUD is a device that is installed in the uterus. The function of this equipment is to change the atmosphere of the endometrial fluid so that there is an increase in macrophages, changes in endometrial fluid are not suitable for spermatozoa to pass through so that many die, many macrophages may kill spermatozoa. Leukorrhea is a fluid that is released from the genitals that is not blood, the fluid contains a lot of leukocytes and the color is slightly yellowish, often thicker and smells good. Able to carry out family planning midwifery care for IUD contraceptive acceptors with leukorrhea using the Varney midwifery management approach. This case study uses a descriptive method, the location is at Siti Kholijah Clinic, Medan Marelan, the subject of the case study is Mrs. T 20 years old P1 A0, this case study was conducted from 20 March - 28 April 2021, Data collection techniques using primary data include physical examination (inspection, palpation, percussion, auscultation), interviews, observations and secondary data including documentation and literature studies. After 6 weeks of care, the results showed that the vaginal discharge experienced by the mother had healed, and there were no potential diagnoses such as vaginal infections, vulvitis, vaginitis and vulvo vaginitis due to proper handling, the mother was willing to keep her genital area clean, the mother said she was happy because she could have intercourse having sexual intercourse with her husband, the mother is willing to re-check in 3 months, namely August 1 2015, the mother is still using the IUD contraception.

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1. Introduction

Family planning services are one of the essential reproductive health service packages that need serious attention, because quality family planning services are expected to improve health and welfare levels. With the paradigm shift in the management of population and development problems from an approach to population control and fertility reduction to an approach that focuses on reproductive health and reproductive rights, family planning services must be of higher quality and pay attention to the rights of the client/community in choosing a contraceptive method that is appropriate. desired (Saifuddin, 2008).

IUD is an abbreviation of Intra Uterina Device which means "equipment installed in the uterus". The function of this equipment is to change the atmosphere of the endometrial fluid so that there is an increase in macrophages, changes in endometrial fluid are not suitable for spermatozoa to pass through so many die, many macrophages may kill spermatozoa. IUD that releases Cu ions which are blastoxide and embryonic toxic.

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Leukorrhoea is fluid released from the genitals that is not in the form of blood (Saifuddin, 2008). Physiological leukorrhoea is composed of fluid that is sometimes in the form of mucus containing a lot of epithelium with sparse leukocytes. Pathological leukorrhoea is a white fluid that comes out of the vaginal canal in excess and contains a lot of leukocytes and the color is slightly yellowish to green, often thicker and smells good (Amiruddin, 2003).

2. Method

2.1 Case Study Type

This type of case study is a form of case study report using a descriptive method, which is a method carried out with the aim of describing, or describing events that are carried out systematically and emphasizing factual data rather than storage. A case study is researching a problem through a case consisting of a single unit (Notoatmodjo, 2010). The case study was conducted using Varney's management midwifery care which consisted of 7 steps.

2.2 Case Study Locations

The location of the case study is the place where case taking is carried out (Notoatmodjo, 2010). In the case of the IUD contraceptive acceptor in Ny. T P1 A0 20 years old with leukorea, the case was taken at the Siti Kholijah clinic, Medan Marelan in 2021.

2.3 Case Study Subject

The subject of the case study is a thing or person who will be subject to case report activities (Notoadmodjo, 2010). In the case of an IUD contraceptive acceptor with leukorrhoea, the writing of this case report, the subject of the case study was Mrs. T 20 years old P1 A0 IUD contraceptive acceptor with leukorrhoea at Siti Kholijah Clinic, Medan Marelan in 2021.

3. Results and Discussion

3.1 Case Overview

Date : 20 - 3 - 2021

O'clock : 16.30 WIB

The place : Siti Khadijah Maternity Clinic

1. Assessment

20-3 - 2021 Time : 16.30 WIB

a. Patient Identity Husband's Identity

1) Name	: Mrs. T	Name	: Mr. D
2) Age	: 20 years	Age	: 21 years
3) Religion	: Islam	Religion	: Islam
4) Ethnicity/Nation:	Javanese/Indonesian	Tribes	: Java/Indonesia
5) Education	: SENIOR HIGH SCHOOL	Education	: JUNIOR HIGH SCHOOL
6) Work	: IRT	Work	: Private
7) Address	: Marelan	Address	: Marelan
8) No. KB Card Series:			

b. History (Subjective Data)

- 1) Reason for visiting / main complaint Mother said that her genitals had thick, white, thick mucus, not itchy and odorless since 2 days ago, March 18, 2021.
- 2) Marital history Mother says her marriage is legal, married once at the age of 18 years with a husband aged 19 years, the length of marriage is 3 years and already has 1 child.
- 3) Menstrual history
 - a) Menarche: My mother said her first period was at the age of 13 years.
 - b) Cycle: Mother said her menstrual cycle is 29-30 days.
 - c) Amount: Mother said the number of times 2-3 times changing sanitary napkins per day.
 - d) Long: Mother said the length of menstruation is 6-7 days.
 - e) Regular/not: Mother said that her period is regular every month.
 - f) Blood properties: Mother said her menstrual blood was watery and red.
 - g) *dysmenorrhea*: Mother said she had never experienced pain during menstruation or menstruation.

- 4) Obstetric history
- 5) Family Planning History
 - a) Kind of KB participant: Old
 - b) Methods that have been used

The mother said that after the birth of her first child, she had used 3-month injectable contraception for 2 years with complaints of weight gain and stopped using injectable contraception. After 5 months, the mother used the IUD Copper T 380 A KB to be precise on April 5, 2015, after using the IUD KB for 1 week, the mother complained of profuse white mucus from her genitals.
- 6) History of illness
 - a) History of current illness
 - (1) Mother said that she often secreted thick white mucus that did not smell and did not itch from her genitals since 2 days ago.
 - (2) Mother said she was not suffering from diseases such as flu, cough and cold.
 - b) History of systemic disease
 - (1) Heart: Mother said she never felt pain, palpitations in the left chest, did not get tired easily and never sweated when doing activities.
 - (2) Kidney: Mother said she never felt pain in the lower abdomen, waist pain and pain when urinating.
 - (3) Asthma: Mother said she never had shortness of breath
 - (4) tuberculosis: Mother said she had never had a prolonged cough with phlegm for more than 2 weeks.
 - (5) Hepatitis: Mother said that she had never seen yellow in her eyes or on the tips of her toes or hands.
 - (6) Diabetes Mellitus: Mother said she never felt hungry, often drank and urinated more than 7 times at night.
 - (7) Hypertension: Mother said she had never had her blood pressure exceed 140/90 mmHg.
 - (8) Epilepsy: Mother said she had never had a seizure accompanied by foam coming out of her mouth.
 - (9) Others: Mother said she had never had other diseases such as gonorrhea and syphilis.
- c) Family history of illness

Mother said that no one in the family suffers from hereditary diseases such as heart disease, DM, and hypertension and no one suffers from infectious diseases such as tuberculosis, hepatitis, and HIV/AIDS.
- d) History of twins

Mother said that neither her nor her husband's side had a history of twins.
- e) Operation history

My mother said that until now she had never had surgery.
- 7) History of daily habits
 - a) Nutritional pattern

Mother said to eat 3 times a day, moderate portions, with types of rice, vegetables, side dishes and fruit. Drink 7-8 glasses of water and tea water.
 - b) Elimination pattern

Mother said CHAPTER 1 time a day, soft consistency, brownish yellow color. CHAPTER 5-6 times a day, clear yellow color.
 - c) Rest pattern
 - (1) Before whiteness

Mom said nap + 1 hour. Sleep + 7-8 hours a day.
 - (2) During vaginal discharge

Mother said that she rarely naps and sleeps at night + 6-7 hours a day due to discomfort.
 - d) Activity pattern
 - (1) Before whiteness

Mother said that she does activities as a housewife such as cooking, washing and cleaning the house by herself.
 - (2) During vaginal discharge

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The mother said that her husband helped her household activities because she felt uncomfortable with the vaginal discharge she was experiencing.

e) Personal hygiene

(1) Before whiteness

Mother said bathing 2 times a day, changing clothes 2 times a day, changing underwear 2 times a day and brushing teeth 2 times a day and shampooing 3 times a week.

(2) During whiteness

Mother said bathing 3 times a day, changing clothes 3 times a day, sometimes changing underwear 4 times a day and shampooing 3 times a week.

f) Sexual pattern

(1) Before whiteness

Mother said she had sexual intercourse 3 times a week and did not have any complaints.

(2) During vaginal discharge

Mother said she did not have sexual intercourse while experiencing vaginal discharge because she was afraid of the disease.

8) Psychological data

Mother said she was worried about her current situation.

c. Physical examination (Objective Data)

1) Generalist status

a) General Condition: Good

b) Consciousness: Composmentis

c) Vital signs: BP: 120/70 mmHg N: 82 x/minute R: 24 x/minute S: 36.60 C

d) Weight: 58 kg

e) Height: 156 cm

2) Systematic check

a) Head

(1) Hair: Black color, clean, no dandruff, not easy to fall out.

(2) Face : Not pale and no oedema.

(3) Eyes

(a) Edema: No oedema.

(b) Conjunctiva: Pink.

(c) Sclera : White.

(4) Nose: Symmetrical and no lumps.

(5) Ears: Symmetrical and no cerumen.

(6) Mouth/teeth/gums: No stomatitis, no caries and no bleeding gums.

b) Neck

(1) adenoids: There is no enlargement of the adenoids.

(2) Tumor: No tumor.

(3) Enlarged lymph nodes: There is no enlarged lymph nodes.

c) Chest and axilla

(1) Mammae

(a) Enlarged: Yes, right and left, enlarged normally.

(b) Tumor: No tumor.

(c) Symmetrical : Yes, symmetrical right and left.

(2) Axilla

(a) Lumps: No lumps.

(b) Pain: No pain.

d) Abdomen

(1) Uterine enlargement: No uterine enlargement.

(2) Enlargement of the liver: Not done.

(3) Lump / tumor : No lump / tumor.

(4) Tenderness: No tenderness.

(5) Surgical scars: No surgical scars.

e) Anogenital

(1) Vulva vagina

- (a) Varices: No varices.
- (b) Wounds: No wounds.
- (c) Redness: No redness.
- (d) Pain: No pain.
- (e) Bartholin's glands: There is no enlargement of the Bartholin's glands.
- (f) Vaginal discharge: White discharge, thick, not itchy, odorless and plentiful.

(2) Inspector

- (a) Vagina: No lump, no redness and no infection.
- (b) Portio/cervix: No erosion.
- (c) Yarn: Visible thread.

(3) Internal inspection

- (a) Portio/cervical : No opening, palpable IUD thread.
- (b) Thread: Palpable thread.
- (c) Uterine position: Antelexion.
- (d) Tumor / lump : No tumor / lump.
- (e) Portio rocking pain: There is no portio rocking pain.

(4) Anus

- (a) Haemorrhoids: Not done.
- (b) Other complaints : Not done.

f) Extremities

- (a) Varices: No varices.
- (b) Edema: No oedema.
- (c) Patellar reflex: Right and left positive.

3) Supporting examination

- a) Laboratory examination: Not done
- b) Other supporting examinations: An IVA test was performed with 3-5% acetic acid solution with negative results.

3.2 I Development Data (Siti Kholijah Clinic, Medan Marelan)

March 21, 2021 at 09.00 WIB

S : Subjective :

1. Mother said her vaginal discharge had decreased.
2. Mother said she was not worried about her situation.
3. Mother said she had taken the medicine given.
4. Mother said that she had kept her genital area dry and clean.
5. Mother said not to have sex with her husband during vaginal discharge.
6. Mother said she was not comfortable with the condition she was in

O : Objective :

1. General inspection
 - a. General Condition: Good
 - b. Consciousness: Composmentis
 - c. TTV : BP : 110/70 mmHg N : 80 x/minute R : 22 x/minute S: 36,40C
2. Abdominal palpation: No uterine enlargement, no lump, no tenderness.
3. Inspector check
 - a. Vulva Vagina: no lump, no redness and no infection, still visible vaginal discharge.
 - b. Portio / cervix: no erosion
 - c. Yarn: visible thread
4. Internal inspection
 - a. Portio/cervix: no opening, IUD thread palpable
 - b. Thread: palpable thread
 - c. Uterine position: antelexion
 - d. Tumor / lump: no tumor / lump
 - e. Portio rocking pain: no portio rocking pain

A : Assessment:

Mrs. T. P1A0 20 years old, IUD contraceptive acceptor with physiologic leukorrhoea.

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Q: Planning:

March 21, 2021 at 09.15 WIB

1. At 09.17 WIB Inform the mother about the results of the examination.
2. At 09.25 WIB Explains to the mother that the vaginal discharge she is experiencing cannot be cured immediately and needs regular treatment.
3. At 09.28 WIB Advise the mother to keep her genital area clean and dry as previously taught.
4. At 09.30 WIB Give therapy: Metronidazole 500 mg 3x1 15 tablets, Antibiotics (Amoxilin 500 mg 3x1 15 tablets) and Cortisone 50 mg 3x1 15 tablets for 5 days.
5. At 09.35 WIB Advise the mother to do a re-control in 2 weeks, namely April 4, 2021, but if there are complaints, go to the clinic immediately.

Evaluation

March 21, 2021 at 09.40 WIB

1. Mother already knows from the results of the examination that there is still vaginal discharge but only a small amount is left, namely:
 - a. General inspection
General Condition : Good Consciousness : Composmentis
TTV : BP : 110/70 mmHg N : 80 x/minute R : 22 x/minute S : 36,40C
 - b. Abdominal palpation: No uterine enlargement, no lump, no tenderness.
 - c. Inspector check
 - 1) Vagina: no lump, no redness and no infection.
 - 2) Portio / cervix: no erosion
 - 3) Yarn: visible thread
 - d. Internal inspection
 - 1) Portio/cervix: no opening, IUD thread palpable
 - 2) Yarn: flimsy thread
 - 3) Uterine position: anteflexion
 - 4) Tumor / lump: no tumor / lump
 - 5) Portio rocking pain: no portio rocking pain
2. Mother has understood the explanation given by the midwife.

3.3 Development Data III (Siti Kholijah Clinic, Medan Marelan)

April 28, 2021 at 09.00 WIB

S : Subjective:

1. Mother said the vaginal discharge was not coming out anymore.
2. Mother said she was happy with her current situation.
3. Mother said she still wanted to use the IUD.

O: Objective:

1. General inspection
 - a. General Condition: Good
 - b. Consciousness: Composmentis
 - c. TTV : BP : 110/70 mmHg N : 82 x/minute R : 22 x/minute S : 36,50C
2. Abdominal palpation: There is no lump and no pain.
3. Inspection Inspection: Portio no erosion, no vaginal discharge and visible thread IUD.
4. Vaginal discharge: No vaginal discharge.

A : Assessment:

Mrs. T P1A0 20 years old, IUD contraceptive acceptor with post leukoreaphysiology.

Q: Planning:

April 28, 2021 at 09.15 WIB

1. At 09.18 WIB Telling the mother the results of the examination that her vaginal discharge has healed
2. At 09.23 WIB Advise the mother to keep her genital area clean.
3. At 09.27 WIB Telling mother that she can have sex with her husband.
4. At 09.30 WIB, Advise the mother for a follow-up in 3 months, namely September 13, 2015 for an IUD examination.

5. At 09.33 WIB Motivating the mother to continue using the IUD because the condition of the IUD is still good and the vaginal discharge has been resolved.

Evaluation

April 28, 2021 at 09.35 WIB

1. The vaginal discharge experienced by the mother has healed.
2. Mother is willing to keep her genital area clean.
3. Mother said she was happy because she could have sex with her husband.
4. Mother is willing to re-check in 3 months, namely August 1, 2015.
5. Mother is still using the IUD.

3.4 Discussion

In this discussion, the author will explain the gap between existing theory and practice in the field.

1. Assessment

Assessment is collecting all the required focal data either through anamnesis or general examination to assess the client's condition as a whole (Estiwidani, 2008). Subjective data is data obtained from clients as an opinion on situations and events, the information cannot be determined by health workers independently but through an interaction or communication system that includes chief complaints, rest patterns, activities, and psychosocial data (Nursalam, 2008).

2. Data Interpretation

In the case of Mrs. The IUD family planning acceptor with leukorrhea has an obstetric diagnosis, Ny. T P1A0 20 years old, IUD contraceptive acceptor with leukorrhea. The problem experienced by the mother is feeling anxious and restless with the situation she is experiencing, so the need that must be given to the mother is to give information to the mother about the understanding and causes of leukorrhea and provide moral support to the mother. In this step the author does not find any gaps between theory and cases in the field.

3. Potential Diagnosis

In the case of Mrs. IUD family planning acceptors with physiologic leukorrhea potential diagnoses that may arise are vaginal infections, vulvitis, vaginitis and vulvo vaginitis. In this step the author also does not find any gaps between theory and cases in the field.

4. Immediate Action

In the case of Mrs. The intervention given is to encourage the mother to maintain the correct feminine area or vulva hygiene and to encourage the mother to limit sexual intercourse while still having vaginal discharge. In this step the author also does not find any gaps between theory and practice in the field.

5. Planning

In the case of Mrs. The IUD family planning acceptor with leukorrhea, the planning made includes: explain to the mother about the meaning and causes of the vaginal discharge she is experiencing, explain to the mother about the condition of the IUD she is wearing. The condition is that the IUD is still installed, explain to the mother how to keep her genital area clean and dry, the mother's motivation to continue using the IUD contraception, explain to the mother about proper sexual intercourse, give moral support to the mother, give therapy: Metronidazole 500 mg 3x1 15 tablets, Antibiotics (Amoxilin 500 mg 3x1 15 tablets) and Cortisone 50 mg 3x1 15 tablets, advise the mother to re-check in 2 weeks, namely April 4, 2015 or if there are complaints.

6. Implementation

The implementation of midwifery care for IUD contraceptive acceptors with leukorrhea is in accordance with the planning that has been made. In this step the authors found a gap between theory and cases in the field, namely in theory no special treatment is needed, only care needs to be given while in the case given Metronidazole 500 mg 3x1 15 tablets, Antibiotics (Amoxilin 500 mg 3x1 15 tablets) and Cortisone 50 mg 3x1 15 tablets.

7. Evaluation

In the case of Mrs. After 6 weeks of care, the results showed that the vaginal discharge experienced by the mother had recovered, the mother was willing to maintain the cleanliness of her genital area, the mother said she was happy because she could have sex with her husband, the mother was willing to re-control in 3 months, namely August 1 2015, the mother still remains using the IUD contraception. In this step, there is no gap between theory and cases in the field.

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4. CONCLUSION

After the author carried out midwifery care using midwifery management according to Varney on IUD KB acceptors with physiological leukorea, the authors can draw the following conclusions: In this step the authors found a gap between theory and cases that exist in the field, namely in planning and implementation in theory it is not necessary special treatment only needs to be given care while in this case therapy is given Metronidazole 500 mg 3x1 15 tablets, antibiotics (Amoxilin 500 mg 3x1 15 tablets) and Cortisone 50 mg 3x1 15 tablets.

References

- Aghe. 2009. Leukorrhea / Leucorrhoea. <http://www.leukorea/keputihan.com>. Retrieved 11 December 2013.
- Alimul, HAA 2009. Introduction to Basic Human Needs. Jakarta: Salemba Medika.
- Ambarwati, ER, Wulandari, D. 2010. Postpartum Midwifery Care. Yogyakarta : Nuha Medika.
- Central Java BKKBN. 2012. National Family Planning Program in Central Java. Available : <http://www.ProgramKB.html>. Retrieved 24 October 2012.
- Darminto, P. 2012. <http://kamusBahasaIndonesia.org/effects%20sampingixzz2FeHsV7xH>. Retrieved 20 November 2012.
- Dewi, N. 2010. Midwifery care for Mrs. K IUD family planning acceptors with Leukorrhea at the Bulu Health Center. STIKes Kusuma Husada Surakarta. KTI. Not Published.
- Efandi. 2008. Recognizing Contraception. <http://www.efandi-menenalkontrasepsi.com>. Retrieved 12 January 2014.
- Egan, M. 2007. Reproductive Health. Yogyakarta : Nuha Medika.
- Estiwidani, et al. 2008. The concept of Midwifery. Yogyakarta : Fitramaya.
- Everett, S. 2008. Handbook of Contraception and Sexual Reproductive Health. Jakarta : EGC.
- Fery, AG At. all. 2008. Handbook of Basic Skills and Procedures. Jakarta : EGC.
- Gita, MS 2012. Midwifery care for Mrs. A 27 years old P2A0 IUD KB acceptor with Leukorrhea at Kalijambe Health Center, Sragen. STIKes Kusuma Husada Surakarta. KTI. Not Published.
- Hartanto, H. 2005. Family Planning and Contraception. Jakarta: Sinar Harapan Library.
- Harnawatijah. 2009. KB Inject. Available online: <http://www.google.com/harnawatijah-anthropologist.html>. Retrieved 18 October 2012.
- Mochtar, R. 2011. Synopsis of Obstetrics. Jakarta : EGC.
- Manuaba, IAC 2008. Emergency Obstetrics and Gynecology and Social Obstetrics and Gynecology for the Midwife Profession. Jakarta : EGC.
- _____. 2009. Understanding Women's Reproductive Health. Jakarta : EGC.
- Nitya. 2007. Textbook of Midwifery Concepts. Jakarta : EGC.
- Norma, ND, et al. 2013. Midwifery Care: Pathology Theory and Case Review. Yogyakarta : Nuha Medika.
- Notoatmodjo, S. 2010. Health Research Methodology. Jakarta : Creative creations.
- Novi. 2009. Post Partum Assessment. (on line). Available: <http://www.scribd.com/pengkajianpostpartum.html>. Retrieved 20 November 2013.
- Nursalam. 2008. Nursing Process and Documentation. Jakarta: Salemba Merdeka.
- Oxorn, H. 2010. Obstetrics: Pathology and Obstetric Physiology. Yogyakarta : YEM
- Permenkes. 2010. Regulation of the Minister of Health of Indonesia Number 1464/MENKES/PER/X/2010 concerning Licenses and Implementation of Midwifery Practices. Available online: <http://www.google.co.id/tag/> accessed on October 11, 2012.
- Perry & Potter. 2008. Teaching Fundamental Nursing. Jakarta : EGC.
- Proverawati, et al. 2010. Guidelines for Choosing Contraception. Yogyakarta : Nuha Medika.
- Saifuddin, AB 2008. Practical Guidebook for Contraceptive Services. Jakarta: Sarwono Prawirodiharjo Bina Pustaka Foundation.
- _____. 2010. Practical Guidebook for Contraceptive Services. Jakarta: Sarwono Prawirodiharjo Bina Pustaka Foundation.

IDHS. 2012. Number of Participants in the 2008 SDKI National Family Planning.