



CASE REPORT OF ADOLESCENT MIDWIFE CARE MS. A 17 YEARS OLD G1P0A0 WITH 12 WEEKS OF PREGNANCY WITH ABORTUS IMMINENS AT ROEMANI MUHAMMADIYAH HOSPITAL SEMARANG

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ABSTRACT

The maternal mortality rate is still very high. Approximately 99% of maternal deaths occur in developing countries. One of the direct causes of MMR is abortion. Abortion is the expulsion of the products of conception before the fetus is able to live outside the womb. In general, the exact cause of abortion is not known, but several risk factors for abortion include age, genetics, hormonal, immunological and environmental factors. Maternal age is the strongest risk factor for causing abortion, where the incidence of abortion increases in mothers aged 20 years or 35 years. Based on the anamnesis results obtained a history of sexual intercourse by the patient with a partner.

Keywords: *Adolescent, Pregnant, Abortion Imminens.*

INTRODUCTION

The maternal mortality rate is still very high. Approximately 99% of maternal deaths occur in developing countries. This mortality rate is still a problem in many developing countries, including Indonesia. Around 830 women die from complications of pregnancy or childbirth worldwide every day. Young adolescents face a higher risk of complications and death from pregnancy than other women. The risk of maternal death is highest for adolescent girls under 15 years of age and complications in pregnancy and childbirth are the leading cause of death among adolescent girls in developing countries. [1].

Sustainable Development Goals (SDGs) targets the maternal mortality ratio to decrease to 70 per 100,000 live births by 2030. In 2020, MMR in Indonesia showed as many as 4,627 cases, this number showed an increase compared to the previous year. [2]. The main complications that cause almost 75% of all maternal deaths are severe bleeding, infection, high blood pressure during pregnancy (preeclampsia and eclampsia), complications from childbirth and unsafe abortion. The rest are caused by diseases related to diseases such as malaria and others [1].

One of the direct causes of MMR is abortion. WHO has determined that abortion is a reproductive health problem that needs attention and is a cause of suffering for women around the world. The problem of abortion has received important attention in public health because it affects maternal morbidity and mortality [1].

Abortion is the expulsion of the products of conception before the fetus is able to live outside the womb [3]. It is estimated that at least 30% of all pregnancies and 10-15% of clinically recognized pregnancies end in miscarriage [4]. In 2018, there were 619,591 abortion cases taken from 49 countries. It is estimated that the abortion rate in 2018 reached 11.3 per 1000 women aged 15-44 years and the abortion ratio was 189 abortions compared to 1000 live births. [5].

In general, the exact cause of abortion is not known, but several risk factors for abortion include age, genetics, hormonal, immunological and environmental factors. Maternal age is the strongest risk factor for causing abortion, where the incidence of abortion increases in mothers aged 20 years or 35 years. [6]. This is in accordance with the results of research conducted by [7] which states that there is a significant relationship between



maternal age and the incidence of abortion. Where based on bivariate analysis, it was found that the risk of abortion was 3 times greater at the age of 20 years and 35 years (OR 3,115 and 95% confidence interval). This is because the reproductive organs at the age of adolescence are not yet fully mature.

METHOD

This study uses a qualitative descriptive case report methodology. In July 2022, the research was carried out at the Roemani Muhammadiyah Hospital, Semarang. The research sample is Ms. A 17 year old with abortion imminens. Interview guidelines, physical examination observations and documentation studies are in the form of pregnancy midwifery care formats.

PATIENT IDENTITY

The patient named Ms. A is 17 years old, her last education is junior high school, works as a housewife, the address is Genuk Baru, Semarang City.

The main complaints come out of spots from the birth canal and stomach feels sick, a history of sexual intercourse with a partner. First pregnant and never had a miscarriage before. HPHT 2 May 2022.

FOCUS DATA

General condition: good, consciousness: Composmentis, TTV: BP: 123/77mmHg, N: 77x/min, S:36.7oC, RR : 20x/minute. TB : 145cm, pre-pregnancy weight: 53 kg, current weight 56 kg, Lila: 24 cm, TFU: 3 fingers above the symphysis, FHR has not been heard. On genetic examination there are spots on the pads.

TIMELINE

date and o'clock	Subjective	Objective	Analysis	Planning
25.07.22	Spots come out from the birth canal and stomach h feels	Blood pressure:123/77 mmHg, Pulse:77x/minute, Temperature:36.7°C, Respiration:20x/min	Ms. A 17 years old G1P0A 0 12 weeks pregnant with abortion	l. Advise patient to bed rest l. Nutritional IEC l. KIE personal hygiene l. Bleeding observation l. Therapy continues

date and o'clock	Subjective	Objective	Analysis	Planning
	sore, history of sexual intercourse last night	ute TFU: 3 fingers above the symphysis, FHR not heard Gentalia examination there are spots on the pads	n Imminens ns not heard Gentalia examination there are spots on the pads	l. Bleeding observation l. Collaboration with SpOG doctors in providing therapy
26.07.22 09.00	The spots are still coming out of the birth canal, the stomach still feels sore	Blood pressure: 117/82 mmHg, Pulse: 89x/minute, Temperature: 36.7°C, Respiration: 20x/minute Palpation: TFU 3 fingers above the symphysis Inspection: spots (+)	Ms. A 17 years old G1P0A 0 12 weeks pregnant with abortion Imminens ns	l. Advise patient to bed rest l. Nutritional IEC l. KIE personal hygiene l. Bleeding observation l. Therapy continues
27.07.22 15.00	Reduced flecks and nausea	Blood pressure: 120/79 mmHg, Pulse: 91x/minute, Temperature: 36.7°C, Respiration: 20x/minute Palpation: TFU 3 fingers above the symphysis	Ms. A 17 years old G1P0A 0 12 weeks pregnant with abortion Imminens ns	l. Advise patient to bed rest l. Nutritional IEC l. KIE personal hygiene l. Bleeding observation l. Therapy continues



date and o'clock	Subjective	Objective	Analysis	Planning
		Inspection: spots (+), the number is reduced		
28.07.2022	The spots stop, the stomach doesn't get sore	Blood pressure: 118/88 mmHg, Pulse: 86x/minute, Temperature: 36.6°C, Respiration: 20x/minute, Palpation: TFU 3 fingers above the symphysis Inspection: spots (-)	Ms. A. 17 years old G1P0A 0 12 weeks pregnant with abortion Imminent	.. Explain the results of the examination !. KIE activity pattern !. Nutritional IEC !. KIE personal hygiene !. KIE pattern of sexual intercourse !. Patient can go home

DIAGNOSTIC CHECK

Investigation HB: 11.5 g/dL, glucose at 115 mg/dL, HBsAg negative, USG: gestational sac seen.

The type and duration of bleeding determine the prognosis of pregnancy. The prognosis is poor if the bleeding lasts for a long time, abdominal pain accompanied by effacement and cervical dilatation(8)

INTERVENTION THERAPY

The intervention therapy carried out was in accordance with the advice of the SpOG doctor, : RL 20 tpm infusion, Utragestan 100 mg 2x1, Tranexamic Acid 500 mg 3x1 followed by KIE nutrition, personal hygiene, activity and observation of bleeding.

DATA DEVELOPMENT

Monitoring was carried out in the Ayyub 1 room of the Roemani Muhammadiyah Hospital on July 26, 2022-July 28 2022 by conducting assessments and direct observations on patients. With the results of complaints can be resolved and pregnancy can be maintained.

DISCUSSION

Sexual intercourse in early pregnancy is one of the risk factors for abortion. This is because at the time of sexual intercourse, the hormone prostaglandin contained in semen can stimulate contractions and accelerate cervical ripening which can lead to the threat of miscarriage. [8,9].

Another risk factor that causes abortion is age. Where age <20 years is one of the risk factors for abortion. This is in line with research conducted by [7]which states that there is a significant relationship between maternal age and the incidence of abortion. Where based on bivariate analysis, it was found that the risk of abortion was 3 times greater at the age of 20 years and 35 years (OR 3,115 and 95% confidence interval). This is because the reproductive organs at the age of adolescence are not yet fully mature. Research conducted [6]also revealed that mothers with a young age of 20 years had a 15.8% risk of having an abortion. Research result [10]also showed that the incidence of abortion imminens 31% occurred at the age at risk. Maternal mortality in pregnant women and childbirth at the age of under 20 years was 2-5 times higher than at the age of 20-29 years, maternal mortality increased again after the age of 30-35 years.

The management given in cases of imminent abortion is by:bed rest, observation of bleeding and collaboration with doctors Sp.OG. In the case of imminent abortion, the treatment given is to do bed rest until the bleeding stops [11]. Collaboration with SpOG doctors needs to be done in providing therapy in cases of imminent abortion. The results of the Sp.OG doctor's advice, the therapy given was, bed rest, observation of bleeding, installation of RL 20 tpm infusion, Tranexamic Acid 3x500mg and Utrogestan 100mg 2x1. Utrogestan is a drug that contains the hormone progesterone which is commonly used to strengthen the uterus. In research [12]explained that the administration of drugs containing the hormone progesterone was effective for the threat of miscarriage.

CONCLUSION

The care provided in cases of imminent abortion is bed rest, collaboration with SpOG doctors in providing therapy and monitoring bleeding.



INFORMED CONSENT

Informed consent was done on July 25, 2022 and the patient was willing to be a respondent.

AUTHORS' CONTRIBUTION

All authors contribute to research observation, research writing, editing, and review of submissions

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