



MIDWIFE CARE IN NY. Y AGE 43 YEARS OLD PIIA0 OLD ACCEPTOR OF INTRA UTERINE DEVICE (IUD) WITH MENORRHAGIA AND MODERATE ANEMIA IN KEDUNGUNDU PUSKESMAS, SEMARANG CITY

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ABSTRACT

Intra Uterine Device(IUD) is a long-term contraceptive method that has high effectiveness. IUDs also have some side effects, one of which is menorrhagia. Menorrhagiamenstrual disorders are characterized by menstruation for more than 7 days and the amount of blood that comes out is more than 80 ml. The number of erythrocytes that come out during bleeding can cause anemia. At the Kedungmundu Health Center, it was found that out of 10 IUD family planning acceptors, 8 of them experienced menorrhagia and 2 had normal menstruation. The purpose of this study was to provide midwifery care for Intra Uterine Device (IUD) acceptors with Menorrhagia using a 7-step Varney approach. The method used in this research is a case study. The location of this case study was conducted at the Kedungmundu Health Center. The subjects of the case study here are IUD family planning acceptors who experience menorrhagia. The time of the implementation of this case study was carried out on 06 – 27 June 2022. Data collection techniques were from physical examination, interviews and observations, secondary data including documentation studies and literature studies. The care given in this case was the administration of tranexamic acid 500 mg 3x1 for 7 days to treat bleeding and 1x1 blood-added tablets to help overcome anemia in the mother, as well as providing moral support to reduce maternal anxiety. After being given care for 22 days, the results were good general condition, no potential problems appeared, the mother was not anxious and felt comfortable, the bleeding stopped, anemia was resolved, but the mother chose to remove the IUD and change the method of family planning. After being given midwifery care for 22 days, IUD family planning acceptors no longer experienced menorrhagia and moderate anemia. However, the mother chose to remove the IUD and replace the method of family planning with MOW.

Keywords: *IUD, Menorrhagia, Anemia*

INTRODUCTION

Based on data from the World Health Organization (WHO) in 2017 among 1.9 billion women of childbearing age (15-49 years), 1.1 billion of them have the need to use contraception, but currently 842 million use modern contraceptive methods and 80 million use traditional methods. , while another 190 million women choose not to use contraception. For long-term contraception, one of the recommended is an Intrauterine Contraceptive Device (IUD). In Indonesia, statistical data shows that 7.75 out of 100 women use contraception in the form of an IUD. From these data, there is still low data on IUD users in Indonesia, one of the reasons is the side effects caused by the IUD(WHO, 2021). The side effects caused are bleeding during menstruation,

uterine wall perforation, vaginal discharge and expulsion(Marmi, 2016).

Based on data from the IDHS (2017), users of modern family planning tools/methods have decreased from the 2012 IDHS of 60% to 57% (IDHS, 2017).

The number of family planning users in Central Java Province in 2019-2021, namely in 2019, the number of modern family planning participants was 4,884,608 (73.4%) from 6,652,248 couples of childbearing age (PUS). Active family planning participants who use the MKJP IUD are 446,327 (9.1%). In 2020, MKJP IUD KB users experienced an increase of 447,567 (9.4%) from 4,757,722 modern family planning participants. And in 2021, MKJP IUD KB users will decline again, namely 419,097 (9.3%) from 4,508,188 modern family



planning participants. From the data above, we can see that users of the MKJP IUD KB in 2021 have decreased by 1% from 2020 (Central Java Provincial Health Office, 2021).

The number of KB Semarang City users in 2019-2021, namely in 2019, the number of modern family planning participants was 199,001 (77.5%) out of 256,868 Couples of Childbearing Age (PUS). Active family planning participants who use the MKJP IUD are 21,385 (10.7%). In 2020, MKJP IUD KB users experienced an increase of 21,854 (11.2%) from 195,620 modern family planning participants. In 2021, MKJP IUD users experienced an increase of 22,591 (12.9%) from 175,603 modern family planning participants. From the data above, we can see that MKJP IUD KB users in Semarang City have increased by 1.7% from 2020 (Disdalduk, 2021).

The IUD increased by 21,854 (11.2%) from 195,620 modern family planning participants. In 2021, MKJP IUD users experienced an increase of 22,591 (12.9%) from 175,603 modern family planning participants. From the data above, we can see that MKJP IUD KB users in Semarang City have increased by 1.7% from 2020 (Disdalduk, 2021).

There are some side effects of using an IUD such as bleeding problems during menstruation, uterine wall perforation, and expulsion. For the use of the IUD, it is necessary to consider the side effects and the advantages and disadvantages. One of the side effects of the IUD is the occurrence of menorrhagia, which is an abnormal bleeding during menstruation. The causes of menorrhagia are hormonal imbalances, ovarian dysfunction, uterine fibroids, polyps, adenomyosis, use of IUDs, pregnancy complications, congenital bleeding disorders, drugs and other medical conditions (Hanafi, 2014).

The number of erythrocytes that come out during bleeding can cause anemia, or worsen the condition of patients who have been diagnosed with anemia. Anemia is a condition in which the hemoglobin level of the blood has decreased below the normal value that can be determined in a laboratory manner, and where the condition of the erythrocyte mass or the mass of scattered hemoglobin cannot fulfill its function as a provider of oxygen for body tissues. Women are said to be anemic if the hemoglobin (Hb) level is <12 or 13 mg/dL (Soebroto, 2015).

The results of research conducted by Ulfa (2021), Based on the bivariate analysis of the Chi-square test, it was found that the variables associated

with menorrhagia with hemoglobin levels in IUD acceptors (P.value 0.036 and OR 0.174) the results showed a relationship between menorrhagia and hemoglobin levels in IUD family planning acceptors in Wangun Harja Village, Bekasi Regency.

Based on a preliminary study conducted on April 11 – April 16, 2022 at the Kedungmundu Health Center with interviews with 10 Intra Uterine Device (IUD) acceptors, it was found that 8 acceptors experienced menstruation for more than 7 days and 2 acceptors experienced normal menstruation for 5-7 days. Based on this background description, the authors are interested in taking a case with the title "Midwifery Care for Intra Uterine Device (IUD) KB Acceptors with Menorrhagia at the Kedungmundu Health Center Semarang City".

METHOD

The method used in this research is a case study. The location of this case study was conducted at the Kedungmundu Health Center. The subjects of the case study here are IUD family planning acceptors who experience menorrhagia. The time of the implementation of this case study was carried out on 06 – 27 June 2022. Data collection techniques were from physical examination, interviews and observations, secondary data including documentation studies and literature studies.

PATIENT INFORMATION

Mrs. Y is 43 years old, PIIA0, last education S1, work as a kindergarten teacher, address is Jln Pisang I RT006/RW003, Semarang City.

CLINICAL FINDINGS

Based on the results of the case of midwifery care carried out on Ny. Y, 43 years old, P2A0 old acceptor of IUD family planning, clinical findings were obtained, namely 14 days the mother had continuous menstruation with large amounts of blood, in 1 day the mother changed pads 4-5 times. Mother is often dizzy, weak and dizzy and she feels afraid, anxious, and uncomfortable with her current situation. Based on the complaints that the mother felt and based on the results of the examination carried out, currently the mother is experiencing Menorrhagia and moderate anemia.

HISTORY OF DISEASE

Based on the results of the anamnesis, Mrs. Y has never suffered from inherited diseases such as



hypertension, DM and a history of infectious diseases such as hepatitis, tuberculosis and HIV/AIDS, and has no history of degenerative diseases such as tumors, cancer of the reproductive organs.

DIAGNOSTIC CHECK

Based on the anamnesis and clinical findings of the diagnostic examination carried out on Ny. Y is to perform a Haematological examination which includes hemoglobin, leukocytes, platelets, hematocites and erythrocytes. This diagnostic examination is carried out to determine whether the mother is anemic or not.

Based on the diagnostic tests that have been carried out, the following results were obtained:

Table 1. Haematology examination results

Inspection	Results	Referral value	Unit
Hemoglobin	8.3	12.0 - 16.0	g/dl
Leukocytes	5,500	5,000 - 10,000	/ul
Platelets	433	150 - 400	thousand/ ul
Hematocrit	21.8	37 - 43	%
Erythrocytes	3.28	4.0 – 5.0	million/m m

Based on the results of the hematological diagnostic examination above, it can be concluded that the mother has moderate anemia.

DIAGNOSIS

Based on subjective data and objective data, the diagnosis of Ny. Y age 43 years old P2A0 IUD family planning acceptor with menorrhagia and moderate anemia. Where there are problems of anxiety, worry, and discomfort in the mother due to long and heavy menstruation so that the mother is given the need to provide moral support.

In the case of Mrs. Y is 43 years old P2A0 old acceptor of IUD family planning with Menorrhagia and moderate anemia there is a potential diagnosis that is caused by the potential for severe anemia.

THERAPY INTERVENTION

Based on the diagnosis obtained, the treatment given to Mrs. Y is to give tranexamic acid therapy 500 mg 3x1 for 7 days to treat bleeding and 1x1 blood-added tablet to be taken at night before going to bed to help overcome anemia in the mother.

FOLLOW-UP

Based on the results of the case of midwifery care carried out on Ny. The follow-up given was by monitoring and re-examining HB, to determine the progress of the mother's condition.

DISCUSSION

Based on the main problem in the case of Midwifery Care for Ny. Y is 43 years old P2A0 Old Acceptor of IUD KB with Menorrhagia at Kedungmundu Health Center Semarang City, currently the mother is experiencing Menorrhagia and moderate anemia. Based on the case of the cause of Menorrhagia experienced by Mrs. Y is the duration of IUD use. In accordance with the theory of Purwoastuti and Walyani (2018), Menorrhagia can be caused by imbalanced hormones, ovarian cysts, polyps, ovarian dysfunction, IUD use, cancer and drugs.

According to Hartanto (2013), the cause of menorrhagia is at the time of insertion. IUD insertion causes an increase in the concentration of plasminogen activators (enzymes that break down proteins and activate dissolution of blood clots) in the endometrium, and these enzymes cause increased fibrinolytic activity and inhibit blood clotting. As a result, more bleeding occurs. Blood loss often doubles with the use of the CuT 380A IUD, this is because during menstruation, the endometrial wall sloughs off, and the CuT 380A type IUD works by creating inflammation in the endometrium and this process causes injury to the endometrial area, if the IUD If it hits the area, it will increase the length and volume of blood that comes out during menstruation, and may be so abundant as to cause iron-deficiency anemia. The number of erythrocytes that come out during bleeding can cause anemia, or worsen the condition of patients who have been diagnosed with anemia. Anemia is a condition in which the hemoglobin level of the blood has decreased below the normal value that can be determined in a laboratory manner, and where the condition of the erythrocyte mass or the mass of scattered hemoglobin cannot fulfill its function as a provider of oxygen for body tissues. Women are said to be anemic if the hemoglobin (Hb) level is <12 or 13 mg/dL. This is supported by Widyana's research (2018), which states that there is a relationship between the duration of using an Intrauterine Contraceptive Device (IUD) on hemoglobin levels. The results of this study are in line with research conducted by Ulfa (2021),



According to Soebroto (2015), people with anemia quickly experience physical conditions, such as frequent illness, decreased appetite, dizzy eyes, pale face, and feeling tired, tired, lethargic and weak. Sometimes it is difficult for them to carry out daily activities. As a result, their productivity and quality of life are disrupted. According to Revinovita (2020), frequent bleeding can cause side effects that can cause clients not to use or stop the IUD contraception and this is also a health risk for the user, it is feared that anemia will occur. Excessive bleeding during menstruation or in between which can allow the occurrence of anemia. Side effects often occur due to the use of the IUD with or without medication, namely increased menstrual blood volume per cycle. In addition to being uncomfortable for the user and a reason to discontinue use, this can also be a health risk for the user, especially in areas of endemic anemia. Most notably the increase in blood loss in IUD users without drugs, blood loss was evidenced by an increase from an average of 32 ml in women who were not using contraception to 52-72 ml in IUD users 24 months after insertion. This is supported by the research of Mohimani et al. (2017), who stated that expulsion and menorrhagia were the most common discontinuations among PVR/IUD users. The results of this study are in line with the research conducted by Trigueiro et al. (2020), which stated that IUD acceptors who discontinued use reported experiencing dysmenorrhea, menorrhagia, irregular bleeding, loss,

Based on the main problem, the management given to Mrs. Y age 43 years P2A0 Old acceptor of IUD contraception with menorrhagia and moderate anemia is to provide therapy with Tranexamic Acid 500 mg 3x1 to help stop bleeding and 1x1 blood boost tablet taken at night before going to bed and encourage the mother to consume foods that contain iron such as red meat, spinach etc., to prevent the mother from becoming anemic. According to Rosaint et al. (2016), Tranexamic acid is an anti-fibrinolytic agent that works by binding to the Lysine-binding site on the plasminogen molecule which inhibits the breakdown of fibrin polymer by plasmin, so that hemostasis can occur more effectively. According to Forbat et al (2020), tranexamic acid has been used since the 1970s to treat bleeding, intra and postoperative bleeding, menorrhagia, and to prevent bleeding in hemophilia patients undergoing tooth extraction. While blood-added tablets are used to treat anemia in mothers, this is in accordance with the theory of the Ministry of Health (2015), blood-added

tablets (TTD) are nutritional supplements containing 60 mg of elemental iron and 0.25 folic acid (according to WHO recommendations). Tablets add blood if taken regularly and according to the rules can prevent and overcome anemia. This is also supported by the theory of Waryono (2010), Efforts to prevent anemia from occurring are through supplementation of iron tablets and consuming foods that contain relatively high iron. There are two types of approaches that can be used to treat and prevent anemia. First, the medical approach, namely with supplementation. Second, food-based approach, namely by improving nutrition. The main benefit of iron is to form enzymes whose function is to change various chemical reactions in the body and the formation of the main components of red blood cells and muscle cells. Iron deficiency can result in difficulty swallowing, spoon-shaped nails, intestinal abnormalities, reduced performance, learning disorders. However, if there is excess iron, problems such as iron deposition, liver damage (cirrhosis), diabetes mellitus, and skin discoloration will arise. reduced performance with learning disabilities. However, if there is excess iron, problems such as iron deposition, liver damage (cirrhosis), diabetes mellitus, and skin discoloration will arise. reduced performance with learning disabilities. However, if there is excess iron, problems such as iron deposition, liver damage (cirrhosis), diabetes mellitus, and skin discoloration will arise.

CONCLUSION

After being given midwifery care for 22 days, IUD family planning acceptors no longer experienced menorrhagia and moderate anemia. However, the mother chose to remove the IUD and change the method of family planning.

SUGGESTION

Can provide integrated and comprehensive services in providing health services, especially for IUD family planning acceptors with Menorrhagia and moderate anemia.

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