

CASE REPORT OF MIDWIFERY CARE IN ADOLESCENTS WITH DYSMENORRHEA AT DR. ADHYATMA HOSPITAL, MPH SEMARANG

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ABSTRACT

Background: The World Health Organization (WHO) reported in 2018 that the incidence of dysmenorrhea was 90% in women and 10-15% of them experienced severe dysmenorrhea. In 2019 the incidence of dysmenorrhea was 55% among productive age, of which 15% complained of limited activity due to dysmenorrhea. In Indonesia, around 45-95% of women of productive age experience dysmenorrhea. In 2020 the incidence rate in Central Java was 56% experiencing primary dysmenorrhea and 44% experiencing secondary dysmenorrhea. The prevalence of dysmenorrhea that occurs in adolescents in Semarang City is 87.8% experiencing dysmenorrhea. Objective: To be able to carry out midwifery care in adolescents with dysmenorrhea using the 7 steps of Varney. Methods: The writing method used by the author, by collecting data by interview, physical examination, observation, literature study, and documentation. Conclusion: in the application of care, the care provided is in accordance with that given to the patient, so there is no gap between theory and practice in the field.

Keywords: adolescent, dysmenorrhea

INTRODUCTION

The World Health Organization (WHO) reported in 2018 that the incidence of dysmenorrhea was 90% in women and 10-15% of them experienced severe dysmenorrhea. In 2019 the incidence of dysmenorrhea was 55% among productive age, of which 15% complained of limited activity due to dysmenorrhea. In Indonesia, around 45-95% of women of productive age experience dysmenorrhea. In 2020 the incidence rate in Central Java was 56% experiencing primary dysmenorrhea and 44% experiencing secondary dysmenorrhea. The prevalence of dysmenorrhea that occurs in adolescents in the city of Semarang is 87.8% experiencing dysmenorrhea. Dysmenorrhea is pain during menstruation, usually characterized by a feeling of cramps centered in the lower abdomen. Complaints associated with menstrual pain can vary from mild to severe. The severity of menstrual pain is directly related to the length of menstruation and the amount of blood during menstruation, menstruation is almost always accompanied by heartburn or pain.

AIMED

The writing method used by the author, by collecting data by interview, physical examination, observation, literature study, and documentation.

BENEFIT

Able to carry out midwifery care in adolescents with dysmenorrhea using the 7 steps of Varney.

METHOD

In the study of case reports, midwifery care was carried out using a midwifery management approach and documentation through SOAP. Data were obtained by means of interviews, physical examination, observation, and literature study.

PATIENT INFORMATION

Based on the results of the case of midwifery care carried out on Ms. S aged 18 years with primary dysmenorrhea at Dr.Adhyatma Hospital, MPH Semarang, the main problem was that she was on the 2nd day of menstruation complaining of lower abdominal pain, soreness in the waist, dizziness, nausea, and vomiting. vomiting and feeling weak and uncomfortable with the current situation. Based on the complaints felt by Ms. S experienced primary dysmenorrhea with a pain scale of 7-9 (severe pain) in the study (Yuniza, Novayanti and Suzana, 2021) according to Ms. S, pain radiates to the waist, thighs or back, no appetite, nausea, weakness, unable to move, unable to concentrate on studying.

CLINICAL FINDING (FOCUS DATA)

On physical examination, it was found that general condition: good, consciousness: mcomposmentis, BTV: BP: 110/80 mmHg, N: 82x/minute, S: 36.8oC, RR: 19x/minute. Height : 155cm, Weight 49 kg on the



2nd day of menstruation complaining of lower abdominal pain, soreness in the waist, headache, nausea, wanting to vomit and feeling weak and uncomfortable with his current situation. Based on the complaints felt by Ms. S has primary dysmenorrhea with a pain scale of 7-9 (severe pain).

TIMELINE

The patient came to the Emergency room of Dr. Adhyatma Hospital, MPH Semarang at 16.00 WIB complaining of lower abdominal pain, soreness in the waist, headache, nausea, wanting to vomit and feeling weak and uncomfortable with his current situation. Therapy has given to Ms. S 18 years old given injection of 1 ampoule of ketorolac, 1 ampoule of ranitidine and 3x1 mefenamic acid therapy, 1x1 Fe tablet.

DIAGNOSTIC ASSESTENT

Ms.S aged 18 years with primary dysmenorrhea.

THERAPEUTIC INTERVENTION

The management provided is to make informed choice and informed consent, encourage patients to maintain a healthy diet, get enough rest, sports such as walking, warm compresses on the waist, relax by inhaling aromatherapy and listening to music. The drug therapy given to Ms. S, aged 18, was given 1 ampoule of ketorolac injection, 1 ampoule of ranitidine and 3x1 mefenamic acid therapy, 1x1 Fe tablet to take home.

FOLLOW UP AND OUTCOME (PROGRESS DATA)

On 05-08-2022, Ms.S felt she was still in pain and continued to take the medication and was given care to avoid stress that causes anxiety, having a regular diet, getting enough rest, exercising regularly, reducing seafood consumption and consuming fatty foods can increase prostaglandin hormone that can cause pain in the lower abdomen or dysmenorrhea. Evaluation: Ms. S is willing to do it.

On 06-08-2022 made a return visit and Ms. S said the pain had reduced.

DISCUSSIONS

The management given to Ms. S 18 years old given injection of 1 ampoule of ketorolac, 1 ampoule of ranitidine and 3x1 mefenamic acid therapy, 1x1 Fe tablet. Based on research of (Febriana et al., 2021) that ketorolac is a class of drugs that has analgesic (pain reliever), antipyretic (fever-reducing), and anti-inflammatory.

The dysmenorrhea experienced by Ms.S is pain from the lower abdomen to the waist that occurs because Ms.S does not exercise, often eats junk food, and sleeps irregularly. This is the same as the results of research (Cetin, 2020) macroscopic pelvic pathology. Usually, it occurs within the first few weeks after menarche. In primary dysmenorrhea, the pain is usually localized in the suprapubic area in the form of cramps or spasms. Pain begins with menstruation and ends in 48-72 hours. The incidence of dysmenorrhea will increase in women who do not exercise enough, so that when women experience dysmenorrhea, oxygen cannot be delivered to the blood vessels of the reproductive organs at which time vasoconstriction occurs. Menstruation duration is more than normal, causing uterine contractions, occurring longer resulting in the uterus contracting more often and more prostaglandins being secreted. Another factor that can also cause primary dysmenorrhea is the consumption of fast food. Students have a diet that tends to prefer to buy junk food that is cheaper, delicious, and easy to get without thinking about the nutrients contained in the food.

PATIENT PERSPECTIVE

In this case the patient did not share any experience because this is the first experience of dysmenorrhea.

INFORMED CONSENT

In this case, informed consent was given orally.

AUTHORS' CONTRIBUTIONS

Study conception and design by arbainur Indahriani, data collection by arbainur Indahriani, analysis and interpretation of result by Dewi puspitaningrum, nuke devi indrawati, indri astusi purwanti manuscript preparation by arbainur Indahria ni.

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