



MIDWIFE CARE OF REPRODUCTIVE SYSTEM DISORDERS IN NY K WITH M IOMA UTERUS AT SULTAN IMANUDDIN HOSPITALS PANGKALAN BUN

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ABSTRACT

Uterine fibroids are benign tumors of the uterus, in addition to being malignant, benign tumors of the uterus or uterine myomas are more common. There is not only one type of tumor. It can grow on the outer wall of the uterus, on the uterine muscles, or it can also grow on the inner wall of the uterus itself. This type of tumor is more commonly found. Average in women over the age of 30 years According to data from the health profile of the Sultan Imanudin Hospital Pangkalan Bun, it states that the most common gynecological disease sequence is 33 with cases of uterine myoma found in 2019, in 2021 as many as 45 patients and data obtained from January to May 2022 there are already as many as 57 patients with uterine myoma cases. The purpose of this study was to perform obstetric care for reproductive system disorders in Mrs. K with uterine fibroids with a documentation system for midwifery care management and case studies using Varney's 7-step approach. The method used in this research is a case study. The location of this case study was conducted at the Sultan Imanudin Hospital. The subject of the case study here is Mrs. K who has *uterine fibroids*. The time of the implementation of this case study was carried out in January-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 is uterine fibroid surgery with laparotomy, as well as providing moral support to reduce maternal anxiety. After being given 1 hour postoperative care and 4 hours postoperative care, the results were good general condition, no potential problems that arose, the mother was not anxious and felt comfortable with her current situation, but sometimes there is still pain in the former operation. After being given midwifery care for 1 hour and 4 days post-surgery, Mrs. K no longer feels comfortable with her condition, but still feels pain in her surgical scars.

Keywords : *uterine myoma, laparotomy, post operation*

1. INTRODUCTION

Women's reproductive health has a great influence and plays an important role in the continuation of the next generation for a country and is a parameter of the country's ability to provide health services to the community. (Manuaba, 2019)

One of the problems in women's reproductive health is the discovery of uterine myomas whose incidence continues to increase. Uterine fibroids are benign smooth muscle tumors consisting of smooth muscle tissue cells, fibroid connective tissue and collagen. Some terms for uterine fibroids include fibromyoma, myofibroma, leiomyofibroma, fibroleiomyoma, fibroma, and fibroid (Schwartz, 2018)

According to *the World Health Organization* (WHO) reported the cause of maternal mortality due to uterine myoma in 2016 as many as 22 cases (1.95%) and in 2017 as many as 21 cases (2.04%),

usually this disease is found accidentally on examination. routinely or while doing an annual medical *check-up* (WHO, 2019).

Based on the estimation results, the total population of Indonesia in 2020 is 271,066,366 people consisting of 136,142,501 male residents and 134,923,865 female residents. (Health Profile, 2020).

Nationally, as many as 5.3 % of women aged 30-50 years have undergone early detection of uterine myomas through ultrasound. With the highest coverage of early detection, West Sulawesi, followed by Kep. Bangka Belitung by 37.6 % , and South Sumatra by 32.1%. Meanwhile, the provinces with the lowest early detection coverage were Papua at 0.6%, North Maluku at 1.2%, and Southeast Sulawesi at 1.7%. (Ministry of Health RI, 2019) by Survey Democracy Health Indonesia number incident our ovary reach 37.2% and is most common in women



between the ages of 20-50 years and rarely at puberty. Studies Epidemiology states that several risk factors for ovarian cysts are nullipara, childbirth first time in age 35 year and woman which have family with history pregnancy first with age in under 25 years. (Health Profile, 2019)

Based on data from the Central Kalimantan Provincial Health Office, program reports from District or City Health Office originating from the year Hospital 2019, case disease myoma there is 1,789 sufferer including 331 women aged 50-60 years, aged 30-40 years around 1,458 people (Central Kalimantan Provincial Health Office, 2020).

According to data from the health profile of the Sultan Imanudin Hospital Pangkalan Bun, it states that the most common gynecological disease sequence is 33 with cases of uterine myoma found in 2019, in 2021 as many as 45 patients and data obtained from January to May 2022 there are already as many as 57 patients with uterine myoma cases.

Symptoms that arise in patients with uterine fibroids can vary, some are symptomatic, some are not, depending on the location and size of the myoma itself. Here are some symptoms that can appear in people with fibroids: such as long and heavy menstruation, constipation, frequent urination, pelvic pain. (Mayo clinic, 2019)

Uterine fibroids are not too dangerous, but uterine fibroids should not be taken lightly. Of course the presence of fibroids in the uterus can make you uncomfortable, even triggering anemia due to heavy bleeding. Several risk factors that can increase a person's risk of developing fibroids include: being over 40 years old, family history of fibroids, first menstruation before the age of 10 years, having never been pregnant before (women who have had children are less likely to experience fibroids), overweight or obesity, a diet high in red meat consumption, but low in green vegetables, **alcohol consumption** habits, smoking habits, use of hormonal contraceptives that are high in estrogen. (Mayo clinic, 2019)

And how to prevent it, there are things that can at least reduce or minimize the risk. One of them is by getting used to living a healthy life, maintaining a normal weight, and maintaining daily nutritional intake by consuming healthy foods. (Mayo clinic, 2019)

Remember danger which caused by wrong one case genecology that is uterine myoma soneed

handling by collaboration from officer health in prevention complications for lower number morbidity and female mortality consequence genetic malignancy in Indonesia.

Based on the data above, with an increase in cases of uterine myoma, the author wants to conduct a case study with the title " Obstetric Care for Reproductive System Disorders in Mrs. K with Uterine Myomas at Sultan Imanudin Hospital Pangkalan Bun "

2. CLINICAL FINDINGS

Based on the results of the case of midwifery care carried out on Ny. K 35 years old with uterine myoma The clinical findings were Mrs. K complained of lower left abdominal pain, pain penetrating to the back, the patient also complained of mucus coming out of the genitals since 2 weeks, nausea, headache and weakness. Based on the complaints that the mother felt and based on the results of the examination carried out, currently the mother is experiencing *uterine fibroids*.

3. HISTORY OF DISEASE

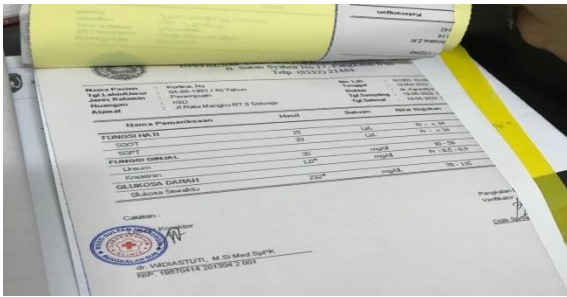
Based on the results of the anamnesis, Mrs. K has never suffered from inherited diseases such as hypertension, DM and a history of infectious diseases such as hepatitis, tuberculosis and HIV/AIDS, and has no history of degenerative diseases such as tumors, cancer of the reproductive organs.

4. DIAGNOSTIC CHECK

Based on the anamnesis and clinical findings of the diagnostic examination carried out on Ny . K is to do LAB examination and ultrasound.

Based on the diagnostic tests that have been carried out, the following results were obtained: Figure 1 Results of laboratory examinations

TEST	RESULT	UNIT	REF. RANGE
HEMOGLOBIN (Hb)	12.5	g/dL	12.0 - 15.0
HEMATOCRIT (Hct)	37.0	%	37.0 - 47.0
RED BLOOD CELLS (RBC)	4.2	millions/mm ³	4.0 - 5.5
WHITE BLOOD CELLS (WBC)	10.5	thousands/mm ³	4.0 - 11.0
PLATELETS (PLT)	270	thousands/mm ³	150 - 400
HAEMOGLOBIN A1C (HbA1c)	5.8	%	4.0 - 5.6
FASTING BLOOD SUGAR (FBS)	100	mg/dL	70 - 100
POST PRANDIAL BLOOD SUGAR (PPBS)	140	mg/dL	100 - 140
URIC ACID (UA)	5.5	mg/dL	2.4 - 6.0
CREATININE (Cr)	1.2	mg/dL	0.6 - 1.2
BUN	18	mg/dL	7 - 20
ALBUMIN	4.5	g/dL	3.5 - 5.0
TOTAL BILIRUBIN	1.2	mg/dL	0.1 - 1.2
ASPARTATE AMINOTRANSFERASE (AST)	25	U/L	0 - 37
ALANINE AMINOTRANSFERASE (ALT)	30	U/L	0 - 40
AMYLASE (AMY)	60	U/L	30 - 100
LIPASE (LIP)	40	U/L	0 - 160
TRIGLYCERIDES (TG)	150	mg/dL	0 - 150
CHOLESTEROL (Chol)	200	mg/dL	0 - 200
LDL CHOLESTEROL (LDL-C)	130	mg/dL	0 - 130
HDL CHOLESTEROL (HDL-C)	50	mg/dL	30 - 60
PROBABLE			



Based on the results of laboratory tests and ultrasound, it can be concluded that the mother has uterine fibroids.

5. DIAGNOSIS

Based on subjective data and objective data, the diagnosis of Ny . K is 35 years old with *uterine fibroids* . Where anxiety problems arise, and complains of pain in the lower left abdomen, pain penetrates to the back, the patient also complains of mucus coming out of the genitals since 2 weeks, nausea, headache and weakness.

In the case of Mrs. K aged 35 years with *uterine fibroids* , there is a potential diagnosis that is caused, namely the potential for anemia and bleeding.

6. THERAPY INTERVENTION

The action taken was uterine fibroid surgery with laparotomy. Mefenamic acid postoperative medication 3 x 1, cefixime 3 x 1, metronidazole

7. FOLLOW-UP

Based on the results of the case of midwifery care carried out on Ny. The follow up given is by monitoring and drug therapy.

8. DISCUSSION

In this chapter , we will discuss the gap between the literature review and case studies on the implementation of Midwifery Care Management for Mrs. "K" with Mioma Uteri at Sultan Imanudin Hospital Pangkalan Bun from 19 to 24 June 2022. To describe the relationship between theory and practice, then Midwifery care management approach is used which consists of 7 steps, namely basic data assessment/analysis, formulating actual diagnoses/problems, formulating diagnoses/potential problems, implementing immediate action/collaboration, action plans, implementing actions and evaluations, and documenting the results of midwifery care in SOAP form.

Identification of basic data is a midwifery care management process that is shown to collect information about both physical, psychosocial, and spiritual (Lubis, 2020). Data was collected through history taking, physical examination by inspection , palpation, percussion and auscultation, and according to (Nurafif & Hardhi, 2013) supporting examinations, namely laboratory and diagnostic examinations. According to previous research (Astuty, et al 2020) In collecting basic data on Mrs. "S" with uterine myoma, it was carried out by collecting subjective data obtained from interviews where the mother said she had pain in the lower abdomen and the stomach felt full/heavy, objective data obtained from a physical examination such as palpation of the abdomen found a mass / lump accompanied by tenderness. At this stage the author did not find any gaps. This is because the mother's response in providing information is very good as well as the family, midwives and doctors who treat so that the authors easily obtain the desired data. According to the existing theory that uterine fibroids measuring 5 cm should be removed surgically by laparotomy. **Laparotomy is a medical procedure that aims to open the abdominal wall in order to have access to the abdominal organs that require certain actions or as a diagnostic procedure. Laparotomy is done by making a large incision in the area around the patient's abdomen, which is preceded by anesthesia** (Lubis, 2020) . This surgical operation will cause the surgical wound area to be the result of the client's surgical removal of uterine myomas on June 20, 2022, so that what is described in the literature review and case studies seems to have similarities between the literature review and case studies.

In midwifery assessment and problems, it is carried out based on a midwifery care management approach that is supported and reviewed in several data, both subjectively and objectively obtained from the results of the assessment that has been carried out and based on a literature review are:

Based on the incidence of uterine myomas, there are a number of risk factors, including: race, age , sedentary lifestyle, diet and obesity factors, the influence of the menstrual cycle, and parity status and comorbid diseases. (Lubis, 2020)



1. Age
Age over 30 years increases the risk of uterine fibroids.
2. Female Nullipara
who have never been pregnant are at risk for uterine fibroids; associated with the influence of exposure to sex hormones, estrogen, and progesterone.
3. Stress
In stress, there is a release of cortisol and stimulation of the *hypothalamo-pituitary-adrenal gland axis* which will cause an increase in estrogen and progesterone.

From research conducted (Astuty, et al. 2020) Identification of the actual diagnosis or problem is carried out by collecting data carefully and accurately, so that a midwifery diagnosis is obtained in these patients with pain in the lower left abdomen, there is a mass / lump accompanied by anxiety in the mother. All of these factors can affect the client's coping mechanism in dealing with his condition so that anxiety is perceived. So that what was identified in Mrs. "K"'s client was postoperative uterine myoma, pain in the surgical wound and anxiety. Thus, the application of the literature review and the case study review of Mrs. "K" in general shows that there are similarities in the actual diagnoses that are enforced so that there is no gap between theory and practice.

Based on the literature review, midwifery care management is identifying potential problems, namely anticipating if possible and preparing for something that might happen. According to Lubis, 2020 complications of uterine fibroids are divided into 2 , namely:

1. Bleeding until anemia occurs
2. Malignant degeneration of uterine myoma which becomes Leiomyosarcoma or a rare type of cancer that attacks smooth muscle tissue. Most often occurs in the abdomen, but it is possible to attack other body parts, including the uterus, blood vessels, and skin found in only 0.32 -0.6% of all myomas.

As a result of the literature review, it was found that potential problems that could occur in disorders of the reproductive system with uterine myomas were abnormal bleeding, micturition disorders, and causing infertility. As in the form of things to prevent bleeding, midwives and health workers involved must ensure that the client's uterus is clean and the myoma tissues are still

attached to the uterus (Frisca Tresnawati, 2013: 192).

In accordance with the literature review, this myoma will bleed if no action/treatment is taken. Based on the data in the case study of Mrs. "K", a potential problem can be identified, namely the problem of infection. Thus, the application of literature review and midwifery care management in the case study of Mrs. "K" seems to have similarities.

Based on data that gives an indication of immediate action which must save the client's life, in the form of collaboration with more professional health workers with the situation experienced by the client or consultation with a doctor. According to research (Astuti, et al. 2020) The need for immediate action and collaboration with SpOG doctors for surgery and administration of drugs. Based on the literature review on postoperative uterine myoma, immediate action is taken if there is postoperative bleeding, but in the case study of Mrs. "K" with uterine myoma, there was no indication for immediate action or collaboration, considering the mother's condition did not experience bleeding. Thus, there are similarities between the literature review and the case study of the management of midwifery care Mrs. "K".

In midwifery care management, a comprehensive action plan is carried out on indications that arise based on the client's condition and its relationship to the problems experienced by the client and also includes anticipation by counseling the client, the action plan must be approved by the client and all actions taken must be based on relevant and recognized rationale. the truth. For Mrs. "K" with uterine myoma, the author plans midwifery care based on the diagnosis/actual problem and potential problems, namely observing vital signs, instructing the mother to get enough rest, instructing the mother to eat nutritious food, instructing the mother to mobilize early, giving an explanation about personal hygiene, namely changing pads and clothes when wet/dirty, explaining the cause of pain, observing the state of the wound, observing intravenous administration, observing urinary content, and administering antibiotics, analgesics, and vitamins. From the midwifery care plan that has been given in this case, there is a match between the theory and the existing case.



Based on the review of midwifery care management that implementing an educational action plan includes recommendations for periodic re-control in asymptomatic patients and those who want fertility sparing. General preventive measures in the form of diet and exercise settings. In addition, breastfeeding and smoking were found to inhibit tumorigenesis of uterine myomas. As long as there are no complaints, the patient is recommended to be checked every 6 months. If you have been through menopause and there is no tumor growth within a year then control is recommended only if symptoms appear. and collaborate with other health teams in accordance with the planned actions. In the case study of Mrs. "K" with uterine myoma, all planned actions can be carried out properly without any obstacles because of the good cooperation and acceptance from the client and the support from the family and health workers.

Evaluation is the final step of the midwifery care management process in evaluating the achievement of goals, determined criteria, deciding whether the goals have been achieved or not with the actions that have been implemented. Successful evaluations before and after include: dry incision/surgery, reduced pain in the surgical area, vital signs within normal limits, and no signs of infection such as redness, swelling, pain, and heat. Based on research (Darmawansyah, 2020) Evaluation of midwifery care given to Mrs "S" with a submucosal myoma that requires treatment according to the existing procedures can be successful because the patient does not feel lower abdominal pain, there is no lump in the stomach, and the mother does activities such as normal, no signs of infection found, vital signs within normal limits. In this case there is no gap between theory and real cases in the field. Based on the case study of Mrs. "K" with uterine myoma, there were no things that deviate from the evaluation of the literature review. Therefore, when compared to the literature review and the case study of Mrs. "K" in general there are similarities.

9. CONCLUSION

After being given midwifery care and surgery with laparotomy, the mother had no more complaints, only complaints of postoperative pain.

10. SUGGESTION

Can provide integrated and comprehensive services in providing health services, especially for patients with uterine myomas.

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