



CASE REPORT ON MRS. T AGE 28 YEARS OLD P2A0 ACCEPTANCE OF CONTRACEPTION FOR 3 MONTHS WITH MENORRHAGIA AND MILD ANEMIA IN KEDUNGUNDU PREMARY HEALTH CARE SEMARANG

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ABSTRACT

The main problem, the 3-month injectable contraceptive method has a percentage of side effects of menstrual disorders (2.9%), based on a preliminary study at the Kedungmundu Premary Health Care, 3 months injectable contraceptive acceptors (88.13%), experienced menstrual disorders (16.23%). One of the types of menstrual disorders is menorrhagia and as many as (0.78%). Respondents experienced continuous menstruation for 26 days and were often weak and lethargic. The problem in this case is Mrs. T, age 28 years P2A0, acceptor of 3-month injectable contraception with menorrhagia with mild anemia. Destination, for administering the 3 Months Injectable Contraceptive KB Acceptor with menorrhagia at the Kedungmundu Health Center. The scope is, the 3 month injection contraceptive acceptor with menorrhagia in the working area of the Kedungmundu Public Health Center. The method used is descriptive method, the type of final project report is a case study. The results after being given combined oral pill therapy, is a treatment for menorrhagia due to progesterone contraception, so that menorrhagia becomes significantly decreased and the menstrual cycle returns to normal, while in mild anemia, Fe tablets are given and recommend foods containing iron so that the first Hb level is 10.5 g /dL categorized as mild anemia rose to 12 g/dL and was not anemic.

Keywords: Contraception, DMPA, Menorrhagia.

1. INTRODUCTION

According to (World Health Organization, 2016) Family Planning is an action that helps individuals or married couples to avoid unwanted/planned births. Indonesia as one of the developing countries in the world which continues to experience an increase in the rate of population every year. The results of the estimation of the total population of Indonesia in 2020 are 271,066,366 people, consisting of 136,142,501 male residents and 134,923,865 female residents.

According to Data and Information (Central Java Provincial Health Office, 2019) the number of PUS is 6,652,451 pairs. Of all existing PUS, 73.5% are active family planning participants. In active family planning participants, most of them chose injectable contraceptives as much as 58.4%. The coverage of active family planning participants to EFA in the city of Semarang is 77.5%.

One of the most frequently used contraceptive methods is DMPA (Depo Medroxy Progesterone Acetate) which is derived from the natural hormone progesterone. DMPA is given every 3 months at a dose of 150 mg (Hartanto, 2018). The 3-month injectable contraceptive method has a percentage of side effects, namely menstrual disturbances (2.9%), weight gain (2.7%), bleeding (0.3%), weight loss (0.2%), and nausea (0.2%) (Affandi, 2012).

Based on a preliminary study at the Kedungmundu Public Health Center, Semarang from January to March 2022, there were 455 users of contraception acceptors. There were 401 people (88.13%), who experienced the side effects of menstrual disorders as many as 65 people (16.23%), one of which was menorrhagia as many as 3 people (0.78%). However, this condition still requires attention for its management.

One of the problems surrounding menstrual disorders is menorrhagia. Menorrhagia is the



medical term for excessive menstrual bleeding. If the bleeding lasts more than 7 days or is too heavy (more than 80 ml), it is categorized as menorrhagia or heavy menstruation (Sinaga, 2017). Causes of menorrhagia include hormonal imbalances, uterine fibroid tumors, cervical polyps, endometrial polyps, pelvic inflammation, or worse, cervical cancer, endometrial cancer, or blood clotting disorders. Another cause of menorrhagia is family planning services, including using hormonal contraception in the form of progestin injections (Nadia, 2021).

Results of research conducted (Alexander, 2019) that there is a relationship between the use of 3-month injectable contraceptives with menstrual disorders, that there are 1 person experiencing menorrhagia (2.9%). Menorrhagia (profuse bleeding) is caused by the body's response and hormonal imbalance in the use of 3-month injections that stimulate the hormone progesterone to produce more corpus luteum so that it can be a risk for menorrhagia.

2. DESTINATION

To carry out the management of 3 Months Injectable Contraceptive KB Acceptors with menorrhagia accompanied by mild anemia at the Kedungmundu Health Center.

3. METHOD

Which is used in this final project is a descriptive method, the type of final project report is a case study.

4. DISCUSSION

Respondents have used injectable contraception for 3 months for 1 year, with complaints I'm worried because I've been menstruating for 26 days, there's a lot of blood about half the pads and sometimes there are blood clots, so the mother often changes her pads 4-6 times a day, doesn't feel menstrual pain, since her menstruation continues, she feels more often weak and lethargic, and Mother feels disturbed to perform daily routine activities. This is in accordance with the theory (Nina, 2013) that on average, those who experience complaints due to side effects of 3-month injectable contraceptives are menstrual disorders, one of which is menorrhagia. Based on research results (Adawiyah, 2019) The mechanism of bleeding associated with DMPA use is not fully

understood. One such bleeding mechanism is thought to be due to continuous exposure of the endometrium to a constant dose of progesterone. Matrix metalloproteinase -9 (MMP-9) activity was increased in DMPA users.

On physical examination, the eyes were found to be symmetrical, clean, no secretions, pale conjunctiva (anemic), white sclera, pupil isocor, normal vision and supported by supporting examinations, the respondent's Hb level was 10.5 g/dL. In line with research results (Goddess, 2020) that the results of laboratory examinations before the procedure showed that the majority of patients (59.8%) had mild anemia with a hemoglobin level of 10.79 (± 2.40) mg/dL in the majority of patients with AUB (66.9%). Meanwhile, on genetic examination, it was found that the vulva was reddish, the mons pubis was evenly distributed, clean, there was fresh red blood discharge, watery, there were few blood clots, there was a smell that smelled like blood or a little metallic, and there were no signs of PMS. Based on research results (Wantania, 2018) that inspection of the genitalia is sufficient to confirm the diagnosis of menorrhagia in most patients.

The data analysis in this case is Mrs. T, 28 years old, P2A0, acceptor of 3-month injectable contraception with menorrhagia with mild anemia. Respondents used 3-month injectable contraception which means that Depo provera contains 150 mg, DMPA which is given every 3 months by way of intramuscular (IM) injection in the buttocks area (Rusmini, 2017). While categorized as menorrhagia can be seen from the signs according to: (Affandi, 2012) namely heavy bleeding and sometimes there are blood clots, needing to change pads > 6 times per day, menstrual duration > 6 days, interfering with daily routine activities and fatigue, weakness, or shortness of breath (symptoms of anemia). This theory is also in line with the results study (Adawiyah, 2019) that menorrhagia is defined as bleeding or spotting for eight or more days in a month.

For the management of this case, namely establishing the right diagnosis and regulating hormonal and Fe tablets early, it can provide a cure rate of up to 90% in young women, can be treated with good results. (Nadia, 2021). This is in line with the management that has been given in cases of menorrhagia due to hormonal imbalance



and given a low dose combination oral pill containing 30 mcg of ethinyl estradiol and levonorgestrel 150 mg to be given once a day in order to balance hormones in the body in order to stop continuous menstruation. and regular menstrual cycles return. As well as mild anemia given Fe tablets 1x1 30 tablets to increase Hb levels.

5. RESULTS

From the discussion starting from the assessment, determining the assessment and providing management in the case of menorrhagia, it is appropriate between theory and practice in the field. There is no significant gap in providing treatment for 3-month injectable contraceptive family planning services with Menorrhagia accompanied by mild anemia.

6. CONCLUSION

Management on Mrs. T, aged 28 years with menorrhagia accompanied by mild anemia at the Kedungmundu Health Center has been carried out according to the 7 steps of Varney and poured into SOAP. Haswas given a combination oral pill and Fe tablets so that the pathophysiology did not occur. Thus what was done was successful so that menorrhagia decreased significantly and the menstrual cycle returned to normal, and the Hb level rose to 12.2 g/dL. There are no differences or gaps in theory and practice in case reports 3 month injectable contraceptive KB acceptor with menorrhagia accompanied by mild anemia

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