



CASE REPORT OF MIDWIFE CARE IN PERIMENOPOUSE MOTHERS WITH UTERIAL MYOMA IN TUGUREJO HOSPITAL, SEMARANG

Asri Ainun Habibie¹ Dian Nintyasari Mustika² Maria Ulfah Kurnia Dewi³ Sherkia
Ichtiarsi Prakasiwi⁴

¹ Student of the midwife profession education Universitas Muhammadiyah Semarang

^{2,3,4} Lecturer of midwifery Department Universitas Muhammadiyah Semarang

Corresponding author : dian.nintya@unimus.ac.id

ABSTRACT

Perimenopause is a transitional period between before menopause and after menopause. Perimenopause begins when menstruation starts to become irregular and there are complaints ranging from the age of 45 to 55 years. Women who enter the perimenopause period, decreased hormones related to reproduction, namely the hormones estrogen and progesterone. One of them is uterine myoma. Uterine fibroids are benign tumors of the uterine muscle and its connective tissue. Uterine fibroids are the most common benign tumor found, which is one in four women during the active reproductive period. The purpose of this study was to provide midwifery care for perimenopausal women with uterine myomas using the 7-step Varney method. The method used in this research is a case study. The location of this case study was conducted at Tugurejo Hospital, Semarang. As for the subject of the case study here is a mother who experienced uterine myoma. The time of the implementation of this case study was carried out on 28-31 July 2022. Data collection techniques were from physical examination, interviews and observations, secondary data including literature study. The care provided in this case was infusion with Ringer's lactak fluid with 20 tpm, 1.5 ml bacesyn injection, 500 mg tranexamic acid injection, profenid supp 1 therapy given after surgery, as well as providing moral support to help the mother recover, after being given care for 4 days, the results obtained that the mother's general condition was good, the mother felt comfortable, was able to move and was allowed to go home. After being given midwifery care for 4 days, the mother with uterine fibroids no longer felt pain and bleeding from the birth canal and a lump that grew on the uterine wall the size of a goose egg was removed.

Keywords: *Perimenopouse, uterine myoma*

1. INTRODUCTION

Data from the World Health Organization (WHO) in Asian countries, in 2025 the number of menopausal women will increase from 107 million to 373 million. Menopausal syndrome is experienced by many women almost all over the world around 70-80% European women, 60% in America, 57% in Malaysia, 18% in China, 10% in Japan and also 10% in Indonesia (Fitriani, 2018). Based on statistical calculations, it is estimated that in 2020 the population of Indonesia will reach 262.6 million people with the number of women living in menopause age, which is between 45-55 years, is around 30.3 million people (Ruswanti, 2018).

Perimenopause begins when menstruation begins to become irregular and there are complaints ranging from the age of 45 years to 55 years. Women who enter the perimenopause

period, decreased hormones related to reproduction, namely the hormones estrogen and progesterone. As a result, various complaints arise which are often disturbing. Women's reproductive health problems, one of which is the occurrence of uterine fibroids whose prevalence continues to increase although until now, it is not yet known with certainty the incidence and prevalence of uterine myomas. It is estimated that the prevalence of uterine fibroids ranges from 5%–21% (Chiaffarino et al., 2017).

The prevalence of uterine fibroids is 44, 41% in women aged 31-40 years with the average age occurring in women aged 30-50 years. In Indonesia, uterine myomas are found 2.39%-11.7% in all gynecological patients who are treated and are most often found in women aged 35-45 years (approximately 25%) and rarely occur



in women aged 20 years and post-menopausal (Syahlani Ahmad). , 2016).

Symptoms of uterine fibroids are difficult to detect because not all uterine myomas give complaints and require surgery. Although most myomas appear asymptomatic, about 60% are found incidentally at pelvic laparotomy (Setiati, 2018).

Research conducted by Anwar (2019) stated that the most cases of uterine fibroids were in the 40-50 year age group, namely 63.3% and the least cases were in the age group over 60, namely 0.88%.10 Wiknjastro stated that the frequency The incidence of uterine fibroids is highest between the ages of 35-50 years, which is close to 40%, rarely found in those under 20 years of age. Dan said that the symptoms and complaints produced by uterine fibroids such as bleeding and size enlargement were complaints that were often encountered.

2. CLINICAL FINDINGS

Based on the results of the case of midwifery care carried out on Ny. A 42 years old

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

Inspection	results	Normal value	Unit
Hemoglobin	12.1	11.7-15.5	g/dL
Leukocytes	12.45	3.6-11	10 ³ /uL
Platelets	353	150-440	10 ³ /uL
Hematocrit	36.5	35-47	%
Erythrocytes	4.58	3.8-5.2	10 ⁶ /uL

Based on the results of the haematological diagnostic examination above, it can be concluded that the mother does not have anemia.

5. DIAGNOSIS

Based on subjective data and objective data, the diagnosis of Ny. A is 42 years old with uterine myoma. Where the emergence of anxiety problems and bleeding from the birth canal, so that they are given immediate treatment.

In the case of Mrs. A 42 years old P2A0 with uterine fibroids there is a potential diagnosis that is caused by the occurrence of pain and bleeding from the birth canal.

6. THERAPEUTIC INTERVENTION

Based on the diagnosis obtained, the treatment given to Mrs. A is to provide infusion therapy with

P2A0 with uterine fibroids, clinical findings were obtained, namely that the mother had experienced continuous bleeding outside of menstruation for 3 days with a large amount of blood which caused the mother to be afraid and 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, the mother is currently experiencing uterine myoma.

3. 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.

4. DIAGNOSTIC CHECK

Based on the anamnesis and clinical findings of the diagnostic examination carried out on Ny. A is to perform a Haematological examination which includes hemoglobin, leukocytes, platelets, hematocrit, erythrocytes.

Ringer's lactak fluid with 20 tpm, 1.5 ml bacesyn injection, 500 mg tranexamic acid injection, profenid supp 1 to treat maternal disease.

7. FOLLOW-UP

Based on the results of the case of midwifery care carried out on Ny. A follow-up provided is to perform postoperative monitoring.

8. DISCUSSION

Based on the main problem in the case of Midwifery Care for Ny. A 42 years old P2A0 with uterine myoma at Tugurejo Hospital Semarang. When the mother is experiencing uterine myoma. Based on the case of the cause of uterine myoma experienced by Mrs. A is the profuse bleeding from the birth canal. In accordance with the theory of Wiknjastro (2019) which states that the



symptoms and complaints produced by uterine fibroids such as bleeding and size enlargement are complaints that are often encountered.

According to Setiati (2018), uterine fibroids are well-defined and originate from smooth muscle of fibrous tissue so that uterine fibroids can have a solid consistency if the connective tissue is dominant and soft if the uterine muscle is dominant. Uterine fibroids are also known as uterine leiomyomas, uterine fibromas, fibroleiomiomas, fibroid myomas or simple fibroids. Supported by the results of other studies which state that bleeding is one of the common symptoms in uterine myomas. Although the type of bleeding may vary, it may result from significant distortion of the endometrial cavity by the underlying tumor (Hana & Freddy 2019).

Based on the main problem, the management given to Mrs. A 42 years old P2A0 with uterine fibroids is to provide infusion therapy with Ringer's lactak fluid with 20 tpm, 1.5 ml of batesyn injection, 500 mg tranexamic acid injection, profenid supp 1.

9. CONCLUSION

After being given midwifery care for 4 days, the mother with uterine fibroids immediately improved and was able to carry out activities as usual.

REFERENCES

- [1] Suryoprajogo, N. (2019). *Fun Tips for Facing Menopause*. Java Middle: Indonesian Library Village.
- [2] Setiati, Eni. (2018). *Alert 4 Malignant Cancer Killer Women*. Yogyakarta: CV Andi Offset.
- [3] Jalilah, N. H. & Prapitasari, R. (2020). *Textbook of Reproductive Health and Family Planning*. West Java: Adab Publisher.
- [4] Lubis, N. L. (2016). *Health Psychology: Women and Development Reproduction*. Jakarta: Kencana.
- [5] Paddy. (2015). *Maternity Nursing Care II*. Yogyakarta: Nuha Medika.
- [6] Mubin Barid, (2018), *Effect of Early Mobilization on Wound Healing and Days of Hospitalization in Patients with Sectio Caesarea Surgery in the Brawijaya Room at Kanjuruhan Hospital Malang*, Nursing Department, Faculty of Medicine, Brawijaya
- [7] Anwar I, Finuria I. *Characteristics of uterine myoma in Prof. Hospital. Dr. Margono soekarjo Banyumas* [thesis]. Banyumas: Faculty of Medicine, University of Muhammadiyah Purwokerto; 2019.
- [8] Aini, L., & Reskita, R. (2018). *Effect of Deep Breathing Relaxation Technique on Pain Reduction in Fracture Patients*. 9, 5.
- [9] World Health Organization. (2018). *Patient Care Guidelines* (Moica Ester, Translator.). Jakarta: EGC Medical Book Publisher Indonesian Ministry of Health. 2019. *Indonesia Health Profile 2018* (Indonesia Health Profile 2018). <http://www.depkes.go.id/resources/download/pusdatin/profil-kesehatanindonesia/Data-dan-informasi-profil-kesehatan-indonesia-2018.pdf>
- [10] Widjayanti, Yenti. (2016). *Overview of Complaints Due to Decreased Hormone Levels*
- [11] *Estrogen During Menopause*. *Adi Husada Nursing Journal*, 2(1), 96–101. Retrieved from <https://adihusada.ac.id/jurnal/index.php/AHN/J/article/view/41/121>