

Comprehensive Midwifery Care on 34 Weeks Pregnancy with Hemorrhoid

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Abstract:

Comprehensive midwifery care is important in providing services to mothers throughout the reproductive life cycle, from pregnancy to family planning. This case study aims to provide comprehensive midwifery care to Mrs. Y, aged 35, with hemorrhoids, using the Varney and SOAP management approaches. This research uses a case study design with the subject, Mrs. Y, who is undergoing midwifery care at the Cempaka Mulya Community Health Center, Cempaga District, East Kotawaringin Regency, Central Kalimantan. Care is carried out comprehensively, covering the third trimester of pregnancy (starting from 34 weeks of gestation), childbirth, newborns, the postpartum period, and family planning planning. Data was collected through observation, interviews, and physical examinations based on midwifery care standards. The research results showed that comprehensive midwifery care was successful. During the observation period, Mrs. Y made four prenatal visits, standard delivery, three newborn visits, four postpartum visits, and one family planning visit. The condition of the mother and baby remains within normal limits without any significant complications related to hemorrhoids. Varney and SOAP management approaches effectively identify and manage physiological conditions and ensure maternal and infant health. Comprehensive midwifery care with the Varney management approach and SOAP can support the handling of physiological cases such as Mrs. Y with hemorrhoids. The results of this study show that early detection and intervention, according to midwifery care standards, can prevent serious complications in mothers and babies. The patient's active participation also influences the success of this care in every stage of routine examinations and visits. Comprehensive midwifery care applied to Mrs. Y with hemorrhoids succeeded in maintaining the good condition of the mother and baby during the cycle of pregnancy, childbirth, postpartum, and family planning. Varney's management approach and SOAP have proven effective in providing holistic and quality midwifery services.

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INTRODUCTION

Pregnancy, childbirth, and postpartum are essential phases in a mother's life. This phase not only determines the mother's health but also affects the quality of life of the baby born (Boutib et al., 2022). Therefore, comprehensive midwifery care is one of the main elements in supporting the success of a woman's reproductive cycle (Fox et al., 2023). Comprehensive midwifery care covers various stages, from pregnancy, childbirth, newborns (neonates), and postpartum to family planning. In practice, midwifery care must be adapted to the mother's physiological and pathological conditions to ensure all processes occur safely and comfortably (Naughton et al., 2021). One approach often used in midwifery care is Varney management and the SOAP (Subjective, Objective, Assessment, Plan) format. This approach has proven effective in identifying problems, planning interventions, and evaluating care outcomes (Ayu & Puspita, 2023).

One of the challenges that health workers often face in providing midwifery care is the presence of certain medical conditions in pregnant women, such as hemorrhoids (Chen et al., 2023). Hemorrhoids are swollen veins around the anus or rectum that can cause pain, itching, and bleeding (Haider, 2023). This condition is more common in pregnant women due to increased intra-abdominal pressure due to fetal growth and hormonal changes during pregnancy (Sujawaty et al., 2023). Although hemorrhoids are generally physiological, this condition can affect the mother's comfort during pregnancy, childbirth, and the postpartum period. Therefore, appropriate treatment is essential to prevent further complications and ensure the welfare of the mother and baby (Bužinskienė et al., 2022).

This research aims to provide an overview of the implementation of comprehensive midwifery care for Mrs. Y, a 35-year-old woman with hemorrhoids, using the Varney and SOAP management approaches. This research was conducted at the Cempaka Mulya Community Health Center, Cempaga District, East Kotawaringin Regency, Central Kalimantan. The research subject was Mrs. Y, who started undergoing midwifery care in the third trimester of her pregnancy (gestational age 34 weeks). Care includes four antenatal visits, delivery, three neonatal visits, four postpartum visits, and one family planning visit. The observations showed that the condition of the mother and baby remained within normal limits without any significant complications related to hemorrhoids after being given care according to midwifery standards.

Comprehensive midwifery care strategically improves the quality of maternal and neonatal health services (Khosravi et al., 2022; Mule et al., 2022). According to the results of other research, holistic and evidence-based midwifery care can significantly reduce maternal and infant mortality rates, especially in developing countries like Indonesia (Fitriana et al., 2024). In Indonesia itself, the maternal mortality rate (MMR) is still a big challenge in the health system (Suparji et al., 2024). Data from the 2022 Indonesian Demographic and Health Survey (SDKI) shows that MMR is still at 305 per 100,000 live births, while the infant mortality rate (IMR) has reached 15 per 1,000 live births (Yanuarti & Wulandari, 2024). One of the causes of high MMR and IMR is the lack of access to comprehensive and quality midwifery services. Therefore, implementing comprehensive midwifery care with the Varney management approach and SOAP can be a solution to improve the quality of maternal and neonatal health services (Mutiah et al., 2023).

Varney management is a systematic approach used in midwifery care to identify problems, plan interventions, and evaluate care outcomes. This approach involves five main steps: data collection, diagnosis, planning, implementation, and evaluation (Ayu & Puspita, 2023). Meanwhile, the SOAP format is a documentation tool used to record subjective information (patient complaints), objective (physical examination results), assessment (diagnosis or problem identified), and action plans (interventions to be carried out). Combining these two approaches allows health workers to provide structured, well-documented, evidence-based care (Tan et al., 2021).

Hemorrhoids in pregnant women are an example of a condition that requires special treatment in midwifery care (Poskus et al., 2022). According to Gülören et al. (2024), the prevalence of hemorrhoids in pregnant women can reach 30-40%, especially in the third trimester of pregnancy. Although hemorrhoids are generally physiological, this condition can cause significant discomfort for pregnant women, such as pain when sitting, walking, or even defecating. Apart from that, hemorrhoids can also affect the birth process because the discomfort felt by the mother can interfere with the process of positioning and movement during labor (Elmoniem et al., 2023). Therefore, handling hemorrhoids in pregnant women must be done carefully to ensure that this condition does not develop into more serious complications. Hemorrhoids in pregnant women have increased, namely from 37.1 percent in 2019 to 48.9 percent in 2020, to accelerate the reduction in mortality rates. The number of people suffering from hemorrhoids throughout the world is around 230 million

people. Hemorrhoids are also found in 50% of people over 50 years old. Hemorrhoids can affect both men and women. Hemorrhoids affect more than 50% of pregnant women. The risk will increase by 20-30% after a second pregnancy or more (Abdelrazik et al., 2022).

In the context of this research, Mrs. Y is a representation of cases of pregnant women with hemorrhoids who were successfully treated through comprehensive midwifery care. Mrs. Y started undergoing midwifery care at 34 weeks of gestation, which is part of the third trimester. At this stage, regular monitoring of fetal development, maternal condition, and possible complications is a top priority. By using the Varney management approach and SOAP, health workers were able to identify the problems experienced by Mrs. Y, including hemorrhoid symptoms, and plan appropriate interventions to reduce the discomfort felt. The interventions include education about a high-fiber diet, increasing fluid intake, using topical medications to reduce inflammation, and light physical exercise to increase blood circulation in the pelvic area (Vafaei et al., 2024).

Comprehensive midwifery care also includes the mother's mental and physical preparation for birthing (Combellick et al., 2023). Childbirth is a critical moment in a mother's life, and its success is greatly influenced by the mother's readiness and support from health workers (Başkurt & İldan, 2023; Novelia et al., 2023). In the case of Mrs. Y, labor proceeded usually without any significant complications related to hemorrhoids. This shows that hemorrhoid treatment carried out during pregnancy is successful in preventing the development of complications that can affect the delivery process. After delivery, midwifery care continues with neonatal visits, postpartum visits, and family planning visits to ensure that the condition of the mother and baby remains good.

Comprehensive midwifery care using the Varney management approach and SOAP can be an effective solution in treating cases of pregnant women with hemorrhoids. This research also highlights the importance of collaboration between health workers and patients in achieving optimal care outcomes. Educating patients about the importance of maintaining a healthy lifestyle, making regular visits, and following the recommendations of health workers is the key to success in comprehensive midwifery care.

METHOD

This writing design uses case studies. A case study is writing where the author explores a particular phenomenon (case) at a specific time and activity and collects detailed and in-depth information using various data collection procedures over a certain period. This research obtained ethical approval from the STIKES Eka Harap Ethics Committee, ensuring the study adhered to the highest research integrity and participant protection standards. The ethical clearance involved thoroughly reviewing the research proposal, methodology, and data collection procedures to confirm compliance with national and international ethical guidelines. Particular attention was given to safeguarding the participants' rights, confidentiality, and well-being and ensuring informed consent was obtained correctly. This approval underscores the commitment of the researchers and the institution to conducting scientifically valid and ethically sound investigations, thereby contributing to credible and impactful outcomes in the field of study.

The case study carried out is comprehensive midwifery care carried out on Mrs. Y, 35 years old, 34 weeks pregnant with hemorrhoids At the Cempaka Mulia Community Health Center, Cempaka District, East Waringin City Regency, Central Kalimantan, the subject criteria in this case study include Mrs. Y is willing to be the subject of a case study, have signed inform consent, pregnant women with a gestational age of \pm 35 weeks, and physiologically pregnant mothers.

The author carries out activities observation or direct observation of pregnant women (gestational age 34 weeks) at the Cempaka Mulia Community Health Center and carries out a

complete examination such as general condition, vital signs, physical examination from head to toe, inspection Leopold and the internal examination and interview, in this case, study used a direct question and answer method from both the patient and the patient's family members regarding the client's condition and reviewing biodata, complaints, patient knowledge regarding childbirth, health history (current, past, family), menstrual history, marital history, pregnancy history and patterns of meeting daily needs.

RESULT

Midwifery care was carried out by researchers on Mrs. 34-year-old G4 P2 A1, UK, 34 weeks, and it was carried out comprehensively from the third trimester of pregnancy until family planning services. The author made a comprehensive visit.

1. The results of writing about Mrs. Y in pregnancy show no gap between theory and fact. To prevent hemorrhoids, consume foods high in fiber, avoid sitting for long periods, and eat lots of vegetables and fruit. Another way to treat hemorrhoids during pregnancy is to do Kegel exercises. This method is effective and straightforward because pregnant women can apply it anywhere and anytime, even in unlimited situations. Apart from tightening the anal muscles, Kegel exercises are also practical in training the vaginal muscles.
2. The results of writing Mrs. Y, based on the length of the second stage, third stage, and fourth stage in Mrs. which may arise, carry out minor interventions if necessary in cases of fetal distress, carry out management of newborns, make referrals to more complete facilities according to the problem of the referred case if risk factors are found or complications are detected during the delivery process.
3. Newborn midwifery care for Mrs. Y never had any problems; the baby was breastfed, and the umbilical cord fell off after 6 days. There were no problems or complications for the baby. Based on the visit made to Mrs. Y, there is no gap between theory and facts. The visit time for Mrs. Y has been carried out by theory, and the care provided is by theory and standards of care for newborn babies.
4. Midwifery care for neonates Mrs. The period of a neonate who has been given routine care while caring for the baby, Mrs. Y never experienced any problems, the baby was breastfed, and there were no problems or complications with the baby. Based on the visit to Mrs. Y's baby, there was no gap between theory and fact. The timing of the visit to Mrs. L's baby was carried out by theory, and the care provided was by theory and standards of care for newborn babies.
5. Midwifery care during the postpartum period for Mrs. Y at the Cempaka Mulia Community Health Center was carried out 4 times. Standards regarding nutritional needs were given during the postpartum period, KIE personal hygiene was explained, the danger signs were explained during the postpartum period, and various contraceptive methods were used regarding family planning preparation. Based on the postpartum visit made to Mrs. Y, there is no gap between theory and fact. This is because the timing of postpartum visits for Mrs. Y has been carried out by theory, and management has been carried out according to visiting standards.
6. Family planning midwifery care for Mrs. Y meets the requirements for using injectable contraception for 3 months.

DISCUSSION

This research describes the implementation of comprehensive midwifery care for Mrs. Y, a 34-year-old pregnant woman with G4 P2 A1 (gravida 4, para 2, abortion 1) who has a history of

hemorrhoids. Care is provided comprehensively, from the third trimester of pregnancy to family planning (KB) services. In this discussion, the author will analyze the results of this case study using a fact-theory-opinion approach to evaluate the suitability between field practice and existing theory.

The facts obtained from the case study show that Mrs. Y experienced hemorrhoids during her pregnancy, but the condition was successfully managed without serious complications (Rao et al., 2022). Management approaches include consuming fiber-rich foods, avoiding sitting positions for long periods, and doing Kegel exercises to strengthen the pelvic and rectal muscles. According to Suparji et al. (2024), preventing and treating hemorrhoids in pregnancy can be done using non-invasive methods, such as increasing fiber and fluid intake to prevent constipation, which is one of the main risk factors for hemorrhoids. Kegel exercises are also recommended as an effective method for strengthening the muscles in the pelvic area, including the anal and vaginal muscles. This exercise helps reduce hemorrhoid symptoms and prepares the mother for a smoother delivery process (Ojukwu et al., 2021). The results of this research indicate that the approach used is based on existing theory. There is no gap between theory and practice in managing hemorrhoids in Mrs. Y. This shows that education and simple interventions, such as increasing fiber intake and Kegel exercises, are very effective in managing this condition. However, it is important to note that this success was also influenced by the active involvement of Mrs. Y in carrying out recommendations given by health workers.

From the data obtained, the birth process of Mrs. Y progressed generally without any complications. The duration of stages II, III, and IV corresponds to the time standards established in theory: stage II (menstruation time) is less than 2 hours, stage III (placenta separation) is less than 30 minutes, and stage IV (early postpartum observation) is 2 hours. Apart from that, no danger signs or complications were found during delivery. Standard delivery care includes monitoring the mother and fetus, early detection of complications, and minor intervention if necessary. Stage II is considered normal if the duration is less than 2 hours for primigravida and less than 1 hour for multigravida. Stage III is expected if the placenta separates less than 30 minutes after birth. Stage IV involves observing the vital signs of the mother and baby to detect postpartum hemorrhage or other complications. From the results of this research, there is no gap between theory and practice in Mrs. Y. Time standards for stages II, III, and IV have been adequately adhered to, and management by health workers is by theoretical recommendations. This success shows the importance of close monitoring during the delivery process to prevent complications. However, the authors suggest further research to explore factors influencing delivery success, such as maternal age, parity, and medical conditions such as hemorrhoids.

Baby Mrs. Y was born with a body weight of 3,300 grams, body length of 49 cm, head circumference/chest circumference of 34/34 cm, female gender, APGAR score of 10, heart rate 130 times/minute, respiratory rate 40 times/minute, body temperature 36.5°C, strong cry, active movement, and pink skin. During the neonatal period, the baby did not experience any problems or complications, was fed exclusively breast milk, and the umbilical cord fell off after 6 days. According to Danborn et al. (2021), a newborn is considered healthy if it has an APGAR score of at least 7, a birth weight between 2,500–4,000 grams, and does not show signs of respiratory distress or other complications. The umbilical cord must be monitored until the umbilical cord falls off, usually between 5-15 days after birth. Exclusive breastfeeding is also recommended during the first six months to support the baby's development. The results of this study indicate that the theory and standards of care have been carried out in midwifery care for Mrs. Y. There is no gap between theory and practice in this case. This success shows the importance of regular neonatal visits to ensure the baby grows and develops well. However, the authors suggest that further research be carried out to explore the

relationship between maternal health during pregnancy (such as hemorrhoids) and the health of the baby born.

Midwifery care during the postpartum period for Mrs. Y was carried out four times, including education about nutrition, personal hygiene, danger signs during the postpartum period, and information about contraceptive methods. During the postpartum period, Mrs. Y experienced no complications, and the visit was carried out according to the established time standards. According to Nazari et al. (2021), postpartum care must include monitoring the mother's physical and psychological condition, education about self-care, and preparation for family planning. Postpartum visits are usually carried out on the 2nd, sixth day, second week, and sixth week after delivery to ensure the mother is recovering well. The results of this study indicate that the theory and standards of care have been carried out in postpartum care for Mrs. Y. There is no gap between theory and practice in this case. This success shows the importance of routine postpartum visits to detect potential complications early and support mothers during the postpartum transition.

Mrs. Y chose to use 3-month injectable birth control on the 40th day of the postpartum period. Before choosing this method, Mrs. Y has been given complete information about the side effects and benefits of 3-month contraceptive injections. On May 31, 2024, Mrs. Y officially became an acceptor of 3-month injectable contraceptives. According to Yeh et al. (2022), the choice of contraceptive method should be based on maternal preferences, medical conditions, and method availability. 3-month injectable birth control is recommended for mothers who want a long-term contraceptive method with high effectiveness. Side effects are generally mild and can be managed with proper education. The results of this study indicate that the theory and standards of care have carried out family planning care for Mrs. Y. There is no gap between theory and practice in this case. This success shows the importance of comprehensive education in helping mothers choose contraceptive methods that suit their needs.

CONCLUSION

Applicable theories and standards of care have carried out comprehensive midwifery care for Mrs. Y. There is no gap between theory and practice in all stages of care, from pregnancy to family planning. This success shows the importance of a holistic and collaborative approach to midwifery care. However, the authors suggest that further research be carried out to explore the factors that influence the success of midwifery care, especially in mothers with certain medical conditions such as hemorrhoids.

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