

FAMILY PLANNING MIDWIFERY CARE FOR Mrs. "J" WITH A NEW CONTRACT ACCEPTANT IMPLANT

Indriyani Astuti^{1*}, Anita^{* 2} Dwi yuliani adnan³

1,2,3Politeknik Baubau, Baubau, Indonesia

ARTICLE INFORMATION

Received: 3 October 2025
Revised: 11 November 2025
Accepted: 15 December 2025
DOI:

KEYWORDS

Midwifery Care; Implants; Family Planning

CORRESPONDING AUTHOR

Name : Anita
Address Jln. betoambari Lrg. nasional
E-mail : anitanajwa123@gmail.com

A B S T R A C T

Background: sing contraception to control the number an spacing of births is known as family planning, or FP. The contraceptive implant is one efficient long-term method of birth control, but its utilization is still quite low. Therefore, to boost acceptor interest in the contraceptive implant, education and midwifery care are required. The author is interested in doing a case study on new recipients of the contraceptive implant at the Kanapa-napa Community Health Center in Central Buton Regency because of these circumstance. **Objective:** o apply the Varney 7-Step Method to give family planning midwifery care to Mrs. "J," a new implant user **Reporting Method:** Using a case study of the Varney 7-Step Midwifery Care Management technique and SOAP, a quantitative methodology was employed. **Results:** Mrs. "J," a 37-year-old P3A0 woman, visited the Kanapa-napa Community Health Center to have an implant placed. She consented to have the implant placed after being evaluated and informed of the potential risks. The mother was instructed to have a follow-up appointment three days later and to have the implant removed before three years after the insertion was completed in accordance with protocol. Mrs. "J," a new recipient of the KB Implant, received excellent family planning midwifery care. **Conclusions and Recommendations:** As per Varney's 7-Step Management, the researcher identified baseline data, identified actual diagnoses and problems, gathered potential diagnoses and problems, identified immediate/collaborative action, planned action, carried it out, and evaluated it. One of the recommendations for midwives is that they should be able to treat patients with professionalism regardless of their social standing.

INTRODUCTION

The Family Planning (FP) program is an important part of health development, particularly in birth control, reproductive health care, and the formation of quality families (Marleni *et al.*, 2024). In addition to regulating population growth, the program also aims to reduce the risk of maternal and infant mortality by regulating the number and spacing of safe pregnancies. One option, the Long-Term Contraceptive Method (LCM), is the implant. This method is over 99% effective, reversible, and provides pregnancy protection for 3–5 years. However, its use is still lower than that of short-term methods, such as injections and pills (Azizah; *et al.*, 2025)

Several factors contribute to low implant use, including limited knowledge among users, concerns about the insertion process, inadequate access to services, and inadequate counseling from healthcare providers. In 2024, BKKBN data recorded approximately 31.5 million active family planning participants in Indonesia, but implant users only reached around 8.5% (Agustina, 2025). These figures indicate that the utilization of the Long-Term Contraceptive Method (MKJP) is still suboptimal, even though the risk of implant failure is considered very low. This situation emphasizes the need to optimize the quality of family planning services through midwifery care that emphasizes education and counseling for prospective users.

The role of counseling in contraceptive method selection has also been illustrated in several studies. In the Poleang Barat Community Health Center (Puskesmas) area, Southeast Sulawesi, for example, after providing family planning counseling and services, 60% of participants chose the implant, a higher rate than those using IUDs or other methods (Kaderia and Zamli, 2025). However, scientific studies on the implementation of midwifery care for new users of contraceptive implants, particularly in Central Buton Regency, are still limited. This gap demonstrates a research gap that can be filled through case studies on the comprehensive implementation of midwifery care for contraceptive implants.

In practice, successful implant use can be supported through assessment, counseling, insertion, and ongoing evaluation in accordance with midwifery standards (Wahyuni *et al.*, 2024). This case study aims to comprehensively illustrate the implementation of family planning midwifery care for new users of contraceptive implants and serve as a reference for healthcare professionals in optimizing the quality

of long-term contraceptive services. Therefore, this study aims to provide family planning midwifery care to Mrs. "J," a new user of contraceptive implants, at the Kanapa-napa Community Health Center in Central Buton Regency, using a comprehensive midwifery care management approach.

METHOD

A descriptive, case study-based approach was applied to obtain a comprehensive overview of the implementation of family planning midwifery care for new users of contraceptive implants. The case study took place at the Kanapa-Napa Community Health Center in Central Buton Regency, from December 2, 2025, to January 23, 2026. The subject involved, Mrs. "J," as a new user of contraceptive implants, received services according to midwifery standards. The care process was structured according to Varney's seven stages of midwifery management: assessment, data interpretation, determination of diagnosis or potential problems, identification of the need for immediate intervention, planning, implementation, and evaluation. Meanwhile, the outcomes of care were documented using the Subjective, Objective, Assessment, and Plan (SOAP) format (Varney, 2022).

The sources of information in this study included primary and secondary data. Primary information was collected through interviews, observations, physical examinations, and therapeutic communication after informed consent was obtained from the client. Secondary data were sourced from medical records, family planning service registers, and scientific literature related to contraceptive implants. Information was collected through interviews to identify conditions, medical history, and considerations in selecting a contraceptive method; observations of the client's condition and care process; searches of medical documentation and literature sources; and obstetric examinations were conducted in accordance with service standards.

Data analysis was conducted descriptively by comparing assessment results. Descriptive information processing was carried out by examining the alignment between assessment findings and care implementation with applicable midwifery theory and practice standards. The collected data was then reduced and systematically organized according to the seven stages of Varney management and SOAP progress notes. Conclusions were then formulated by considering the alignment between the case study findings and the theoretical basis. Furthermore, ethical principles were applied through the provision of informed consent, the use of initials to maintain subject anonymity, and the protection of the confidentiality of all information throughout the study (Setiana, 2021).

RESULTS & DISCUSSION

Subjective Data

An assessment of Mrs. "J" on December 20, 2025, at the Kanapa-Napa Community Health Center revealed that she was 37 years old, had been married once for 11 years, was of Butonese ethnicity, Muslim, had a high school education, was a housewife, and resided in Terapung Village. The desire to space her pregnancies was the reason she chose the contraceptive implant for three years with her husband's consent. She had never used contraception before and had no complaints at the time of the visit. Her medical history revealed no hypertension, heart disease, diabetes mellitus, asthma, sexually transmitted infections, drug allergies, or other chronic illnesses. Her obstetric history revealed three normal deliveries at term. At the three-day post-insertion checkup, she experienced only mild tolerable pain at the insertion site, and expressed a desire for information on wound care.

Objective Data

The examination revealed the mother's general condition to be good, with a *compos mentis* level of consciousness. Prior to implant placement, blood pressure was recorded at 114/90 mmHg, pulse rate 80 beats/minute, temperature 36.5°C, respiratory rate 20 breaths/minute, body weight 57.9 kg, and height 149 cm, while a physical examination from head to extremities found no abnormalities. After consent was given, the implant was placed on the left arm approximately three fingers above the elbow crease according to standard procedures. At the checkup on December 23, 2025, the mother's condition remained good with blood pressure 110/80 mmHg, pulse rate 82 beats/minute, and temperature 36.6°C. The insertion area appeared clean and dry without redness, swelling, or heat, the implant position was well palpable under the skin, and only mild tenderness was found.

Assessment

The concordance of subjective and objective data established the obstetric diagnosis of Mrs. "J" P3A0, 37, as a new user of the contraceptive implant, in good general condition and without

contraindications to hormonal contraception. An evaluation on the third day after insertion showed that the mother's condition remained stable, the wound was healing normally, and there were no signs of infection or complications. Therefore, the contraceptive implant could be continued for a period of three years.

Management

Service began with establishing a therapeutic relationship through the implementation of the 5Ss, followed by counseling regarding the benefits, mechanism of action, effectiveness, and side effects of the contraceptive implant. After ensuring the mother's understanding and consent, the implant was inserted into her left arm aseptically, including preparation of the device, local anesthesia, incision, placement of the implant rod under the skin, and dressing. The mother was then referred for a follow-up visit three days later and returned to the health facility before the implant's effective period expired. At the follow-up visit, her general condition, vital signs, and the insertion wound were evaluated; the wound appeared clean and dry with no signs of infection. Education regarding wound hygiene, avoiding scratching or pressing on the insertion site, keeping the wound dry, and warning signs such as severe pain, swelling, redness, and discharge were also provided. All information was understood, follow-up appointments were agreed upon as scheduled, and the implant will be continued until its effective date expires.

DISCUSSION

Subjective Data

Reproductive health services essentially include efforts to maintain women's comfort and physical condition, in addition to managing pregnancy spacing. One complaint that can be addressed is dysmenorrhea, or menstrual pain. Ernawati & Anita (2024) found that the traditional Lancau Wolio concoction can reduce the intensity of menstrual pain in adolescent girls. A more comfortable physical condition can support continued contraceptive use and optimal female involvement in family planning programs (Justin, Ernawati and Anita, 2024).

In the case of 37-year-old Mrs. "J," the contraceptive implant was chosen as her first contraceptive method with the goal of spacing her pregnancies for three years, a decision mutually agreed upon with her husband. She had no complaints or history of hypertension, diabetes mellitus, heart disease, asthma, sexually transmitted infections, or other chronic conditions that could potentially contraindicate hormonal contraception. During a checkup three days after insertion, she only experienced mild pain at the insertion site, which was tolerable. This indicated that she was suitable as a new recipient of the contraceptive implant, as no conditions were found to prevent its insertion.

Before the contraceptive implant is inserted, a thorough history is required, including identity, obstetric history, health conditions, experience with contraception, and the purpose of the choice. This assessment aims to ensure the method's suitability for the client's health condition, reproductive needs, and desires, thereby ensuring the safety and effectiveness of the contraceptive (Arlenti, 2021). In addition, the husband's involvement in determining contraceptive choices can be a form of support that contributes to the continuation of long-term contraceptive use (Sari, Dewi and Putri, 2024).

Thus, the subjective data in Mrs. "J"'s case aligns with the theory, as all necessary information was obtained prior to implant insertion.

Objective Data

Mrs. "J" was in good general condition with *compos mentis* consciousness. Prior to implant insertion, her blood pressure was 114/90 mmHg, pulse rate 80 beats/minute, temperature 36.5°C, respiratory rate 20 breaths/minute, weight 57.9 kg, and height 149 cm. A physical examination from head to extremities revealed no abnormalities or signs of infection. After the procedure was performed according to standard procedures, at a follow-up visit three days later, her condition remained good, with a blood pressure of 110/80 mmHg, pulse rate 82 beats/minute, and temperature 36.6°C. The insertion wound appeared clean and dry, the implant was palpable in its proper position, with no redness, swelling, or signs of infection, although mild tenderness was still felt at the insertion site.

A physical examination and vital signs prior to implant insertion are necessary to ensure there are no medical contraindications to hormonal contraception. Reassessment of the insertion area during a follow-up visit is also important to identify possible infections, hematomas, implant expulsions, or

impaired wound healing (Awang, 2024). Nainggolan and Dwi Yuliani Adnan (2026) explained that implant contraceptive services include pre-service, procedure, and post-service stages, with post-insertion evaluation being a crucial step to ensure implant position and detect complications. The implementation of these stages for Mrs. "J" was comprehensive, so there was no discrepancy between theory and practice (Nainggolan and Dwi Yuliani Adnan, 2026).

Assessment

Chronic Energy Deficiency (CKD) occurs due to long-term nutritional deficiencies and can increase the risk of anemia, premature birth, and low birth weight. These risks can be related to reproductive conditions, such as closely spaced pregnancies and pregnancies at risk ages. By spacing pregnancies and preventing pregnancies at risk ages, family planning programs can provide mothers with the opportunity to recover their health and nutritional reserves, thereby reducing the risk of CKD for both mother and fetus (Mutia, Sofiana and Samrida, 2024).

The correlation between subjective and objective data on Mrs. "J" led to an obstetric diagnosis of P3A0, 37, as a new acceptor of the contraceptive implant in good general condition. This determination was supported by the results of the history, physical examination, and vital signs, which showed no contraindications or complications after insertion. At the follow-up visit, the insertion wound had healed well, allowing continued use of the implant for an effective period of three years (Wahyuni *et al.*, 2023).

Theoretically, an obstetric diagnosis is determined through the interpretation of subjective and objective data, thoroughly reviewed to accurately identify the client's condition. Determining the diagnosis should also be within the midwife's authority and serve as the basis for developing safe and effective care (Jumeisya Setiawan and Dian Afriyani, 2024). In the case of Mrs. "J," the diagnosis was formulated in line with theory because all supporting data indicated a new contraceptive implant user in good general condition, thus ensuring no discrepancies between theory and the case.

Management

Care for Mrs. "J" began with establishing therapeutic communication using the principles of smiling, greeting, greeting, being polite, and being courteous (5S). Next, complaints were assessed and counseling regarding the benefits, mechanism of action, effectiveness, and side effects of the contraceptive implant was provided. After ensuring the mother's understanding and obtaining informed consent, the implant was inserted into her left arm according to standards, including equipment preparation, aseptic technique, local anesthesia, implant placement, and wound closure. Post-procedure education regarding wound care, possible side effects, a three-day follow-up visit, and implant replacement before the three-year effective period expired was provided to the mother. At the follow-up visit, the wound condition and vital signs were re-evaluated, along with education regarding care of the insertion site and warning signs of infection.

This series of services complied with implant contraceptive standards, including pre-service counseling, procedures based on operational procedures, post-insertion education, and follow-up monitoring to detect complications as early as possible (Nainggolan and Dwi Yuliani Adnan, 2026). Awang (2024) also stated that contraceptive services need to be organized systematically, safely, oriented towards client needs, and supported by effective communication so that understanding of the benefits, side effects, and post-installation care can be achieved. (Awang, 2024). Evaluation of Mrs. "J" showed that all care plans had been implemented, education had been understood, no complications were found, and the mother was willing to undergo check-ups and continue using the contraceptive implant according to its effective period..



Figure 1. Installation of the contraceptive implant

CONCLUSION

Midwifery care for Mrs. "J," a new user of the contraceptive implant, at the Kanapa-Napa Community Health Center was implemented comprehensively using Varney's 7-Step midwifery care management approach. This included baseline data collection, baseline data interpretation, identification of actual diagnoses or problems, identification of potential diagnoses or problems, the need for immediate intervention, development of a care plan, implementation, and evaluation, and documentation in SOAP format. The assessment indicated that Mrs. "J," a new user of the contraceptive implant, met the requirements for use as no contraindications were found based on the history, physical examination, and vital signs. The obstetric diagnosis was confirmed as Mrs. "J," P3A0, 37 years old, a new user of the contraceptive implant, in good general condition. The entire care plan was implemented according to midwifery service standards, including counseling, implant insertion according to standard operating procedures, education regarding side effects and wound care, and follow-up visits to evaluate post-insertion. The evaluation results showed that the mother's condition remained good. The insertion wound was healing normally without signs of infection or complications. She understood all the education provided, and she was willing to undergo check-ups and use the contraceptive implant within the three-year effective period. Therefore, the objectives of midwifery care for new implant users were achieved in accordance with midwifery service standards.

A limitation of this case study is the relatively short observation period, meaning monitoring was only conducted until the follow-up visit three days after implant insertion. This does not reflect long-term contraceptive use or the possibility of side effects occurring several months after insertion. Furthermore, the case study was conducted on only one client, so the results cannot be generalized to all implant users. However, it does provide an overview of the implementation of midwifery care management using Varney's 7-Step approach in family planning services.

ACKNOWLEDGMENTS

Appreciation is extended to the Baubau Polytechnic for its support during the case study. Appreciation is also extended to the Head of the Kanapa-Napa Community Health Center and all health

workers for their permission, guidance, and assistance in implementing midwifery care. The guidance and input from the supervising lecturer during the preparation of this article were crucial in completing this study. Furthermore, we would like to thank Mrs. "J" and her family for their willingness to serve as subjects and participate in the care provided, ensuring the successful completion of the entire case study.

BIBLIOGRAPHY

- Agustina, K.D. (2025) 'Hubungan Pengetahuan dan Sikap Pasangan Usia Subur (PUS) dalam Pemilihan Alat Kontrasepsi Implant Di Wilayah Kerja Puskesmas Astambul Kabupaten Banjar Tahun 2024', *Jurnal Kesehatan Indonesia*, 15(2), pp. 80–84.
- Arlenti (2021) 'Manajemen Asuhan Kebidanan dengan Pendekatan 7 Langkah Varney', *Jurnal Kebidanan Malahayati* [Preprint]. Available at: <https://ejournalmalahayati.ac.id/index.php/kebidanan/article/view/4567>.
- Awang, M.N. (2024) *Cara Penulisan Diagnosa Kebidanan Dengan Pendekatan Manajemen Kebidanan Varney*. Deepublish.
- Azizah, N. et al. (2025) *buku kebinan*.
- Jumeisya Setiawan, A. and Dian Afriyani, L. (2024) 'Prosiding Seminar Nasional dan Call for Paper Kebidanan Asuhan Kebidanan Continuity of Care Ny. R Umur 40 Tahun di PKM X dengan Kehamilan Anemia Ringan', *Universitas Ngudi Waluyo*, 3(1), p. 2024.
- Kaderia, H. and Zamli, Z. (2025) 'Penyuluhan dan Pelayanan KB Gratis (Implan-IUD) di Wilayah Puskesmas Poleang Barat sebagai Upaya Pengendalian Laju Pertumbuhan Penduduk', *Jurnal Pengabdian Sosial*, 2(10), pp. 4556–4561. Available at: <https://doi.org/10.59837/83xs4r62>.
- Marleni, S. et al. (2024) *Buku Ajar Asuhan Kebidanan Pelayanan Keluarga Berencana*. Mahakarya Citra Utama Group.
- Nainggolan and Dwi Yuliani Adnan (2026) *Ilmu Kebidanan: Teori dan Implementasi*. Baubau: Politeknik Baubau.
- Sari, R., Dewi, L. and Putri, A. (2024) 'Pentingnya Kelengkapan Data Dasar dalam Manajemen Kebidanan', *Jurnal Ilmiah Kebidanan*, 10(2), pp. 45–52.
- Setiana, H.A. (2021) *Riset Terapan Kebidanan; Buku Lovrinz Publishing*. LovRinz publishing.
- Wahyuni, B.C. et al. (2023) *Buku Ajar Pelayanan Keluarga Berencana*. Mahakarya Citra Utama Group.
- Wahyuni, B.C. et al. (2024) *BUKU AJAR KELUARGA BERENCANA DAN PELAYANAN*. Nuansa Fajar Cemerlang.
- Agustina, K.D. (2025) 'Hubungan Pengetahuan dan Sikap Pasangan Usia Subur (PUS) dalam Pemilihan Alat Kontrasepsi Implant Di Wilayah Kerja Puskesmas Astambul Kabupaten Banjar Tahun 2024', *Jurnal Kesehatan Indonesia*, 15(2), pp. 80–84.
- Arlenti (2021) 'Manajemen Asuhan Kebidanan dengan Pendekatan 7 Langkah Varney', *Jurnal Kebidanan Malahayati* [Preprint]. Available at: <https://ejournalmalahayati.ac.id/index.php/kebidanan/article/view/4567>.
- Awang, M.N. (2024) *Cara Penulisan Diagnosa Kebidanan Dengan Pendekatan Manajemen Kebidanan Varney*. Deepublish.
- Azizah, N. et al. (2025) *buku kebinan*.
- Jumeisya Setiawan, A. and Dian Afriyani, L. (2024) 'Prosiding Seminar Nasional dan Call for Paper Kebidanan Asuhan Kebidanan Continuity of Care Ny. R Umur 40 Tahun di PKM X dengan Kehamilan Anemia Ringan', *Universitas Ngudi Waluyo*, 3(1), p. 2024.
- Justin, W.O.S., Ernawati, S. and Anita (2024) 'PEMANFAATAN RAMUAN TRADISIONAL LANCAU WOLIO TERHADAP INTENSITAS NYERI HAID (DYSMENORRHEA) PRIMER PADA REMAJA PUTRI', *Jurnal Ners*, 8, pp. 2135–2142.
- Kaderia, H. and Zamli, Z. (2025) 'Penyuluhan dan Pelayanan KB Gratis (Implan-IUD) di Wilayah Puskesmas Poleang Barat sebagai Upaya Pengendalian Laju Pertumbuhan Penduduk', *Jurnal Pengabdian Sosial*, 2(10), pp. 4556–4561. Available at: <https://doi.org/10.59837/83xs4r62>.
- Marleni, S. et al. (2024) *Buku Ajar Asuhan Kebidanan Pelayanan Keluarga Berencana*. Mahakarya Citra Utama Group.
- Mutia, W.O.N., Sofiana, E. and Samrida, W.O.N.J. (2024) 'Antenatal Care Midwifery Care For Mrs." U" G2P1A0 With Chronic Energy Deficiency At Bungi Health Center', *International Journal of Multidisciplinary Learners*, 1(2), pp. 1–7
- Nainggolan and Dwi Yuliani Adnan (2026) *Ilmu Kebidanan: Teori dan Implementasi*. Baubau:

Politeknik Baubau.

- Sari, R., Dewi, L. and Putri, A. (2024) 'Pentingnya Kelengkapan Data Dasar dalam Manajemen Kebidanan', *Jurnal Ilmiah Kebidanan*, 10(2), pp. 45–52.
- Setiana, H.A. (2021) *Riset Terapan Kebidanan; Buku Lovrinz Publishing*. LovRinz publishing.
- Wahyuni, B.C. *et al.* (2023) *Buku Ajar Pelayanan Keluarga Berencana*. Mahakarya Citra Utama Group.
- Wahyuni, B.C. *et al.* (2024) *BUKU AJAR KELUARGA BERENCANA DAN PELAYANAN*. Nuansa Fajar Cemerlang.