

MIDWIFERY CARE FOR FAMILY PLANNING IN MRS. “Y”, A DEPO MEDROXYPROGESTERONE ACETATE (DMPA) ACCEPTOR WITH HYPERTENSION

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A B S T R A C T

Background: Family planning is an important program to improve reproductive health and family welfare. The use of hormonal contraception, including Depo Medroxy Progesterone Acetate (DMPA), requires monitoring of the acceptor's health condition, particularly blood pressure in acceptors with hypertension. **Purpose:** This final report aimed to provide and analyze midwifery care for Mrs. “Y”, a long-term DMPA injectable contraceptive acceptor with hypertension at Wakambangura Health Center. **Subject:** The subject of this case study was Mrs. “Y”, a long-term DMPA injectable contraceptive acceptor who experienced hypertension. **Method:** This study used a descriptive method with a case study approach. Data were collected through interviews, observation, physical examination, and documentation. Midwifery care was provided using the seven-step Varney management approach and documented using the SOAP method. **Results:** The results showed that family planning midwifery care for Mrs. “Y” with hypertension was provided according to her needs and health condition. The client received communication, information, and education regarding her health condition, blood pressure monitoring, contraceptive use, and the importance of maintaining a healthy lifestyle. After receiving the care, the client understood the information and education provided by the health workers. **Conclusion:** Family planning midwifery care for Mrs. “Y”, a long-term DMPA injectable contraceptive acceptor with hypertension, was implemented according to midwifery service standards using the seven-step Varney approach and SOAP documentation. The care provided is expected to improve the client's understanding of maintaining health and choosing contraception appropriate to her health condition

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INTRODUCTION

Family planning (FP) is an effort to regulate births, as well as the number and spacing of pregnancies, through promotion, protection, and the provision of assistance in accordance with reproductive rights, with the aim of fostering a high-quality family (Sofa Fatonah et al., 2023). The family planning program serves as a crucial strategy for controlling population growth while simultaneously improving maternal and child health through pregnancy regulation and contraceptive use (Sab'ngatun et al., 2023). It also plays a role in enhancing family well-being by facilitating ideal pregnancy spacing, thereby reducing health risks for both mothers and children (Noor et al., 2022). Globally, despite the continued rise in modern contraceptive use, approximately 164 million women still have unmet needs for family planning.

Issues surrounding contraceptive use relate not only to service coverage but also to the selection of methods appropriate for the user's health status. In Indonesia, the proportion of women of reproductive age (15-49 years) using contraceptive methods reached approximately 57.9% according to the 2023 Indonesian Health Survey (Kemenkes, 2023). Injectable contraceptives are widely used due to their practicality, effectiveness, and accessibility; specifically, the three-month DMPA injection shows a high prevalence of use among both new and continuing users. However, long-term use of DMPA can lead to various side effects, including changes in the menstrual cycle and amenorrhea, the incidence of which increases with the duration of use.

This situation warrants particular attention because the use of hormonal contraceptives requires periodic health monitoring, including blood pressure checks. Long-term use of DMPA injections may be associated with elevated blood pressure, a phenomenon thought to stem from the

effects of progesterone on sodium and fluid retention as well as peripheral vascular resistance (Suyono & Martiana, 2023). Users of three-month injectable contraceptives have also been reported to exhibit a tendency toward increased blood pressure compared to non-users, particularly with long-term use. Therefore, hypertension in long-term DMPA users requires attention within midwifery services specifically through screening, blood pressure monitoring, and the provision of communication, information, and education to ensure their health status is optimally monitored.

This issue is also relevant to the state of family planning services in Southeast Sulawesi; reports utilized in this study indicate a contraceptive usage rate of approximately 54%, suggesting that the utilization of family planning services remains suboptimal (Angriani Herman, 2025). In Central Buton Regency, efforts to enhance family planning programs continue through outreach, contraceptive services, and cross-sector collaboration; however, the coverage of active family planning participants is estimated to remain at around 50–55% of couples of reproductive age ((Amalliah, 2024).

Meanwhile, data collected during comprehensive clinical practice at the Wakambangura Community Health Center (Puskesmas) between December 2, 2025, and January 23, 2026, identified 18 users of one-month injectable contraceptives, 12 users of three-month injectables, 4 implant users, and 4 IUD users, highlighting the three-month injectable method as a widely used option. These findings underscore the importance of providing midwifery care that goes beyond a mere focus on contraceptive usage to also address the health status of long-term DMPA users, particularly those experiencing hypertension.

Efforts to manage and monitor hypertension in hormonal contraceptive users must be comprehensive and tailored to the client's specific condition. One supportive approach that has been investigated involves the use of bay leaves (*Syzygium polyanthum*); these contain flavonoids, tannins, and essential oils, and have been reported to possess the potential to help lower blood pressure (Purwono et al., 2024).

Although various studies have examined DMPA usage, the side effects of hormonal contraceptives, and their link to blood pressure, the direct application of midwifery care for long-term DMPA users with hypertension at the Wakambangura Community Health Center warrants documentation as a case study. Therefore, the author is interested in providing family planning midwifery care to Mrs. "Y" a long-term user of Depo Medroxyprogesterone Acetate (DMPA) with hypertension at the Wakambangura Community Health Center, with the aim of delivering care tailored to the client's condition using Varney's seven-step midwifery management approach and SOAP documentation.

METHOD

This final project employed a descriptive method with a case study design. The approach was selected to obtain a comprehensive description of the family planning midwifery care provided to Mrs. "Y," a long-term user of the three-month injectable contraceptive Depo Medroxyprogesterone Acetate (DMPA) who was also diagnosed with hypertension. The provision of care followed Varney's seven-step midwifery management framework, consisting of initial data collection, data interpretation, identification of actual and potential diagnoses or problems, assessment of the need for immediate intervention, formulation of a care plan, implementation of care, and evaluation. The client's progress and response to the interventions were subsequently recorded using the SOAP documentation method, comprising Subjective, Objective, Assessment, and Planning.

The case study was conducted at Wakambangura Community Health Center (Puskesmas), Central Buton Regency, from December 2, 2025, to January 23, 2026. The subject was Mrs. "Y," who had been using the three-month DMPA injectable contraceptive for a prolonged period and experienced hypertension. The midwifery care provided was adjusted to the client's individual needs and health condition. The care included assessment of the client's general condition, monitoring of vital signs with particular attention to blood pressure, provision of communication, information, and education related to contraceptive use, and continuous monitoring of the client's health status.

Both primary and secondary data were used in this case study. Primary information was collected directly from Mrs. "Y" through interviews, observation, and physical examinations. The interview covered information concerning the client's identity, main complaint, marital and obstetric history, history of contraceptive use, medical history, daily activities and habits, and psychological condition. Physical examination was performed to obtain objective findings, including assessment of general condition, measurement of vital signs, height and body weight, and a systematic head-to-toe examination. Secondary information was obtained from the client's available documents and medical

records at Wakambangura Community Health Center and was used to complement and verify the primary findings.

Data collection involved several techniques, including structured interviews, direct observation, physical examination, and medical record review. Interviews were conducted to obtain detailed information about the client's health status, medical and contraceptive history, and experiences associated with long-term DMPA use. Observation and physical examination were undertaken to assess the client's current objective condition, particularly blood pressure and overall health status. Medical documentation was reviewed to obtain supporting information from records maintained at Wakambangura Community Health Center. The information obtained from these procedures was subsequently used as the basis for applying Varney's seven-step management process and preparing SOAP progress documentation.

The collected data were analyzed descriptively by relating the findings identified in the client to applicable theoretical concepts and established midwifery care standards. The analysis included the interpretation of subjective and objective findings, determination of diagnoses or problems, identification of the client's care needs, development and implementation of appropriate interventions, and evaluation of the outcomes. Changes in the client's condition throughout the care period were documented using the SOAP format to describe the client's progress and response to the interventions provided.

Ethical considerations were applied throughout the case study to ensure the protection of the client's rights, privacy, and confidentiality. Before care was initiated, the client was informed about the purpose, benefits, procedures, and other relevant aspects of the case study. Written consent was then obtained through an informed consent form. To protect the client's identity, anonymity was maintained by using the initials Mrs. "Y" instead of her full name. Confidentiality was also maintained by protecting all personal and health-related information from unauthorized access. All data obtained during the case study were used exclusively for the purposes of providing care, conducting the case study, and preparing the final project report.

RESULTS AND DISCUSSION

Subjective Data

The assessment conducted on Mrs. "Y" on December 12, 2025, at Wakambangura Community Health Center revealed that she was 28 years old, had been married once for approximately four years, had completed junior high school, and was a housewife. She visited the health center for a follow-up appointment for the three-month injectable contraceptive and reported having used Depo Medroxyprogesterone Acetate (DMPA) since 2023. She stated that she felt comfortable using the three-month injectable contraceptive because it was practical and expressed her intention to continue using the method. The client occasionally experienced neck tension followed by dizziness. She denied any history of heart disease, asthma, diabetes mellitus, hepatitis, tuberculosis, or HIV/AIDS and reported no history of drug allergies. The use of contraception was based on a mutual decision with her husband, with the purpose of spacing pregnancies.

Objective Data

The physical examination indicated that the client's general condition was good and her level of consciousness was *compos mentis*. Her vital signs were as follows: blood pressure 140/90 mmHg, pulse rate 80 beats per minute, respiratory rate 20 breaths per minute, and body temperature 36.3°C. Her body weight was 54 kg and height was 153 cm. Physical examination showed no pallor, edema, or other abnormalities. The conjunctivae appeared pink and the sclerae were non-icteric. Examination of the neck revealed no enlargement of the thyroid or lymph nodes and no jugular venous distension. Both breasts were symmetrical, with no palpable masses or tenderness. The abdomen showed no surgical scars. The upper and lower extremities were symmetrical, without edema or varicose veins, and the patellar reflexes were positive.

Assessment

Based on the subjective and objective findings, the assessment was that Mrs. "Y" was a long-term user of the three-month injectable contraceptive Depo Medroxyprogesterone Acetate (DMPA) with hypertension. This assessment was supported by her history of using DMPA since 2023, complaints of occasional dizziness and neck tension, and a blood pressure measurement of 140/90 mmHg. Despite these findings, her general condition remained good and there were no signs of an

emergency condition requiring immediate intervention or collaborative management. Therefore, continued monitoring of blood pressure and overall health status was undertaken, accompanied by family planning care tailored to her individual needs.

Management

Midwifery care for Mrs. “Y” included providing information about the mechanism of action, benefits, limitations, and possible side effects of the three-month injectable contraceptive. Communication, information, and education were also provided regarding her blood pressure condition. She was advised to adopt a healthy lifestyle by limiting foods high in salt and fat, managing stress, obtaining adequate rest, and monitoring her blood pressure regularly. The client was also provided with information about a complementary approach involving boiled Indonesian bay leaves (*Syzygium polyanthum*) and was advised to consume the preparation routinely. After informed consent was obtained, a 150 mg dose of depot progestin was administered intramuscularly in the gluteal region. The client was advised not to massage the injection site and to return for her next contraceptive appointment according to the recommended schedule. The client understood the information and education provided and agreed to follow the recommendations.

At the follow-up assessment on December 14, 2025, the client reported that she was still using the three-month DMPA injectable contraceptive and occasionally experienced dizziness, neck tension, and fatigue. Examination showed a good general condition with *compos mentis* consciousness. Her blood pressure was 140/90 mmHg, pulse rate 82 beats per minute, respiratory rate 22 breaths per minute, and body temperature 36.7°C. Further counseling was provided regarding her blood pressure condition. She was advised to reduce foods high in salt and fat, obtain sufficient rest, avoid excessive stress, and consume boiled Indonesian bay leaves as a complementary approach. The client understood the explanation and agreed to return for follow-up monitoring.

At the subsequent follow-up on December 16, 2025, the client reported that her dizziness and neck tension had decreased. She stated that she had routinely consumed the boiled Indonesian bay leaf preparation, reduced her intake of salty foods, and begun paying greater attention to her rest pattern. The examination showed a good general condition and *compos mentis* consciousness. Her blood pressure had decreased to 120/80 mmHg, with a pulse rate of 80 beats per minute, respiratory rate of 20 breaths per minute, and body temperature of 36.6°C. The client appeared relaxed, and no further complaints of dizziness or neck tension were reported.

The evaluation indicated an improvement in the client's blood pressure and a reduction in her symptoms during the care period. She was advised to maintain a healthy, low-sodium diet, obtain adequate rest, and continue regular blood pressure monitoring. She was also instructed to immediately seek medical attention if she developed severe headache, blurred vision, or a recurrent increase in blood pressure. The client understood the recommendations and expressed her willingness to follow the care instructions provided.

DISCUSSION

Subjective Data

The assessment conducted on Mrs. “Y” on December 12, 2025, at Wakambangura Community Health Center indicated that she was a long-term user of the three-month injectable contraceptive Depo Medroxyprogesterone Acetate (DMPA). She reported using contraception with her husband's consent and stated that she occasionally experienced tension in the neck or nape area after using the three-month injectable contraceptive. She attended the health center for a repeat injection and expressed her intention to continue using DMPA because she considered the method comfortable and practical. The initial assessment was conducted to obtain comprehensive information regarding the client's condition, including her identity, health history, contraceptive history, current complaints, and overall health status. Comprehensive data collection represents an essential initial stage in establishing an appropriate diagnosis and determining care according to the client's needs (Kamtelat et al., 2024).

The use of the three-month injectable contraceptive by Mrs. “Y” is consistent with the characteristics of DMPA, which contains 150 mg of progestin and is administered every three months or 12 weeks. DMPA is a hormonal contraceptive method that is widely utilized because of its practicality and the fact that it does not require daily administration. The injection is administered periodically every three months according to the scheduled follow-up visit (Susiloningtyas et al., 2023).

During the follow-up visit on December 14, 2025, Mrs. “Y” reported that she continued to use the three-month DMPA injectable contraceptive and occasionally experienced dizziness, neck tension,

and fatigue. She stated that she had never previously used herbal preparations to help control blood pressure and still preferred to continue using DMPA because she found it convenient and comfortable. The complaints of dizziness and neck tension required attention because they may occur alongside changes in blood pressure and therefore warranted monitoring during hormonal contraceptive use. Possible side effects associated with DMPA include changes in blood pressure, menstrual disturbances, weight changes, dizziness or headache, nausea and vomiting, and other physiological changes.

Objective Data

The physical examination performed on Mrs. “Y” on December 12, 2025, showed that her general condition was good and her level of consciousness was *compos mentis*. Her blood pressure was 140/90 mmHg, pulse rate 80 beats per minute, body temperature 36.3°C, and respiratory rate 20 breaths per minute. A systematic head-to-toe physical examination did not reveal any abnormalities. These findings indicated that the client's general condition remained stable despite the elevated blood pressure measurement. The objective findings therefore supported the assessment of a three-month injectable contraceptive user with hypertension.

The blood pressure measurement of 140/90 mmHg indicated elevated blood pressure that required further observation and monitoring. Hypertension is generally characterized by a systolic blood pressure of ≥ 140 mmHg and/or a diastolic blood pressure of ≥ 90 mmHg when the elevation is persistent (Organization, 2021). Among users of three-month injectable contraception, changes in blood pressure may be associated with the effects of progestin, which can influence fluid balance and vascular tone, potentially increasing peripheral vascular resistance and blood pressure (Monayo et al., 2020). Thus, the objective findings in Mrs. “Y” were consistent with the theoretical consideration that blood pressure changes may occur among users of DMPA.

Assessment

Based on the subjective and objective findings, Mrs. “Y” was assessed as a long-term user of the three-month injectable contraceptive DMPA with hypertension. This assessment was based on her history of DMPA use, reports of occasional neck tension and dizziness, and a blood pressure measurement of 140/90 mmHg, while her other vital signs remained within normal ranges. The diagnosis was established through systematic interpretation of the subjective and objective data obtained during the assessment. In this case, there was no substantial discrepancy between the theoretical basis and the clinical findings because the assessment data supported the diagnosis of a long-term DMPA user with hypertension.

The occurrence of elevated blood pressure in Mrs. “Y” is also consistent with the potential effects associated with DMPA use. Prolonged DMPA exposure may influence blood pressure through hormonal effects related to sodium and fluid retention and activation of the renin-angiotensin-aldosterone system (Rakhmawati, 2020). These physiological mechanisms may contribute to increased vascular resistance and subsequently affect blood pressure in some contraceptive users. Therefore, regular blood pressure assessment is an important component of midwifery care for women using three-month injectable contraception.

A potential problem identified in Mrs. “Y” was the possibility of persistent or worsening hypertension if her condition was not adequately monitored and managed. Uncontrolled hypertension may increase the risk of more serious complications, including cardiovascular disease, stroke, and renal disorders; therefore, regular blood pressure monitoring is necessary to facilitate early prevention and management (Affandi & Hamzah, 2025). Identification of this potential problem indicates that midwifery care should address not only the client's current complaints but also the possibility of future health deterioration.

No emergency condition requiring immediate intervention or collaboration with another health professional was identified in Mrs. “Y”. Her general condition was good, she was *compos mentis*, and she did not report chest pain, shortness of breath, or symptoms suggestive of severe complications. This finding is consistent with the principle that clients with mild hypertension may initially be managed through routine monitoring, lifestyle modification, and risk-factor control when no emergency signs are present (Aini et al., 2023). Therefore, there was no significant discrepancy between theory and practice regarding the need for immediate intervention or collaborative management.

Management

The midwifery care provided to Mrs. “Y” was directed toward maintaining her general health, controlling blood pressure, improving her understanding of DMPA use, and preventing potential complications related to hypertension. The planned care included regular blood pressure monitoring, communication, information, and education concerning the three-month injectable contraceptive, as well as recommendations for healthy lifestyle modifications. Early identification and appropriate intervention are important because prolonged use of injectable contraception may be associated with changes in blood pressure (Auriel et al., 2024).

The interventions included an explanation of the mechanism of action, benefits, limitations, and possible side effects of the three-month injectable contraceptive. Mrs. “Y” was also advised to reduce the consumption of foods high in salt and fat, obtain adequate rest, and avoid excessive stress. These lifestyle modifications were recommended as supportive measures for maintaining blood pressure control. Dietary regulation, sodium restriction, adequate rest, and stress management are recognized as components of non-pharmacological approaches to blood pressure management (Alodokter, 2025).

In addition to lifestyle modification, Mrs. “Y” was introduced to a complementary approach involving boiled Indonesian bay leaves (*Syzygium polyanthum*). Bay leaves contain bioactive compounds, including flavonoids, tannins, and essential oils, which have been reported to have potential effects related to vasodilation and blood pressure reduction. The use of bay leaf preparations may therefore be considered as a complementary measure, provided that it does not replace medical assessment, regular blood pressure monitoring, or appropriate health services (Purwono et al., 2024).

The use of boiled bay leaves in this case was also supported by previous research reporting that administration of approximately 200 ml of boiled bay leaf preparation twice daily for 3–7 days may contribute to reducing blood pressure among individuals with mild to moderate hypertension (Andoko & Pangesti, 2016). In the present case, the complementary intervention was therefore positioned as a supportive measure within the overall care plan rather than as a substitute for professional health care and blood pressure monitoring.

The implementation of care involved effective communication using the 5S approach, explanation of the client's health condition, provision of counseling regarding three-month injectable contraception, and education concerning healthy lifestyle practices. Information regarding the complementary use of boiled bay leaves was also provided, and the client was encouraged to use it routinely as directed. The education was intended to improve the client's understanding of contraceptive side effects and encourage active participation in maintaining her health. Adequate information regarding contraceptive side effects may help reduce anxiety and support adherence to the selected contraceptive method (Indonesia, 2023).

Following informed consent, the necessary equipment and materials were prepared and a 150 mg dose of depot progestin was administered intramuscularly in accordance with the established procedure. The client was advised not to massage the injection site and was reminded to return for the next contraceptive injection according to the recommended schedule. Appropriate injection technique and post-injection counseling are important components of safe contraceptive services (Perrone et al., 2026). In this case, the injection was administered successfully, and the client expressed her willingness to follow the recommendations and attend the scheduled follow-up visit.

At the evaluation conducted on December 14, 2025, Mrs. “Y” continued to report occasional dizziness, neck tension, and fatigue, while her blood pressure remained at 140/90 mmHg. Further counseling was provided regarding blood pressure control, including recommendations to limit foods high in salt and fat, obtain sufficient rest, avoid excessive stress, and routinely consume the boiled bay leaf preparation as a complementary measure. The client understood the information provided and agreed to follow the recommendations and undergo further monitoring.

At the subsequent evaluation on December 16, 2025, Mrs. “Y” reported that her dizziness and neck tension had decreased. She stated that she had routinely consumed the boiled bay leaf preparation, reduced her intake of salty foods, and improved her rest pattern. Her general condition remained good, with blood pressure decreasing to 120/80 mmHg, pulse rate of 80 beats per minute, respiratory rate of 20 breaths per minute, and body temperature of 36.6°C. She appeared more relaxed and no longer reported dizziness or neck tension. These findings indicated improvement in both her blood pressure and subjective complaints during the period of care.

The overall evaluation indicated that the objectives of care were achieved, as demonstrated by the reduction in the client's complaints and the improvement of her blood pressure to 120/80 mmHg.

Mrs. “Y” was advised to maintain a healthy low-sodium diet, obtain adequate rest, monitor her blood pressure regularly, and seek immediate medical attention if she experienced severe headache, blurred vision, or a recurrent elevation in blood pressure. She also expressed her intention to continue using the three-month injectable contraceptive and to attend subsequent follow-up visits. Overall, the application of Varney’s seven-step midwifery management approach and SOAP documentation demonstrated consistency between theoretical principles and clinical practice, encompassing assessment, diagnosis, identification of potential problems, determination of immediate care needs, planning, implementation, and evaluation.



Gambar 1. Proses penyuntikan kb

CONCLUSION

Comprehensive and systematic family planning midwifery care was provided to Mrs. “Y,” a long-term user of the three-month injectable Depo Medroxyprogesterone Acetate (DMPA) contraceptive with hypertension, at Wakambangura Community Health Center. The care was implemented using Varney’s seven-step midwifery management approach, including baseline data collection, data interpretation, identification of actual diagnoses or problems, identification of potential problems, determination of immediate actions and collaboration, care planning, implementation, and evaluation. All stages of care were documented using the SOAP format.

The assessment showed that Mrs. “Y” was a long-term user of the three-month DMPA injectable contraceptive. She reported amenorrhea for approximately three months and occasionally experienced neck tension and dizziness. Physical examination revealed that her general condition was good and her level of consciousness was *compos mentis*. Her blood pressure was 140/90 mmHg, pulse rate 80 beats per minute, body temperature 36.3°C, and respiratory rate 20 breaths per minute. No abnormalities were identified during the head-to-toe physical examination. Based on the interpretation of the collected data, Mrs. “Y” was assessed as a long-term DMPA contraceptive user with hypertension. No potential complications or conditions requiring immediate intervention or collaborative management were identified.

The care provided consisted of regular blood pressure monitoring, communication, information, and education regarding DMPA contraception, including its benefits, limitations, and potential side effects. The client was also advised to reduce the consumption of foods high in salt and fat, obtain adequate rest, manage stress, and use boiled Indonesian bay leaves (*Syzygium polyanthum*) as a complementary approach. Following the established care plan, a 150 mg dose of DMPA was administered intramuscularly according to the appropriate procedure, and the client was advised to return for follow-up according to the scheduled contraceptive visit.

The evaluation demonstrated that the client's general condition remained good, her complaints of dizziness and neck tension decreased, and her blood pressure improved to 120/80 mmHg. Mrs. “Y” demonstrated an understanding of her health condition and expressed willingness to undertake measures to minimize the risk of hypertension. She also wished to continue using the three-month injectable contraceptive and agreed to attend subsequent follow-up visits.

Based on the findings from the assessment through the evaluation stages, no significant discrepancy was identified between the relevant theoretical principles and the midwifery care provided. Therefore, the objectives of the case study were achieved. However, this case study had

limitations, particularly the relatively short observation period and the involvement of only one subject. Consequently, the findings and outcomes of the care provided to Mrs. “Y” cannot be generalized to all users of three-month injectable DMPA contraception who experience hypertension.

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DAFTAR PUSTAKA

- Affandi, A.A. And Hamzah, P.N. (2025) ‘Analisis Faktor Resiko Terjadinya Hipertensi : Literature Review’, *Prepotif: Jurnal Kesehatan Masyarakat*, 9(1), Pp. 837–848. Available At: <https://doi.org/10.31004/prepotif.v9i1.43302>.
- Aini, A.N., Farianingsih, F. And Rohmatin, H. (2023) ‘Pengaruh Penggunaan Kontrasepsi Suntik 3 Bulan Terhadap Gangguan Menstruasi’, *Jurnal Ilmiah Kesehatan Rustida*, 10(2), Pp. 114–121.
- Alodokter (2025) ‘7 Cara Menurunkan Tekanan Darah’. *Alodokter*. Available At: <https://www.alodokter.com/ingin-menurunkan-tekanan-darah-ikuti-langkah-langkah-berikut-ini>.
- Amalliah, P. (2024) ‘Asuhan Kebidanan Keluarga Berencana Pada Ny “N” Akseptor Kb Implant Dengan Keluhan Sakit Kepala Di Pmb Fatmawaty Mawasangka Kabupaten Buton Tengah’. *Politeknik Baubau*.
- Andoko, A. And Pangesti, D.N. (2016) ‘Efektifitas Rebusan Daun Salam Terhadap Penurunan Tekanan Darah Pada Penderita Hipertensi’, *Holistik Jurnal Kesehatan*, 10(2), Pp. 54–60.
- Angriani Herman, S.F. (2025) ‘Hubungan Tingkat Pengetahuan Ibu Tentang Kb Dengan Keikutsertaan Kb Pasca Persalinan Di Wilayah Kerja Puskesmas Katobu Sulawesi Tenggara’. *Poltekkes Kemenkes Yogyakarta*.
- Auriel, D.P., Almaini And Susanti, E. (2024) ‘Hubungan Pemakaian Suntik Kb 3 Bulan Terhadap Kejadian Hipertensi Pada Wanita Usia Subur Di Wilayah Puskesmas Kelopak’, *Journal Of Nursing And Public Helath*, 12(2), Pp. 429–434.

- Indonesia, R.R. (2023) 'Efek Samping Penggunaan Alat Kontrasepsi Kb Suntik'. Radio Republik Indonesia. Available At: <https://Rri.Co.Id/Bengkalis/Kesehatan/1517287/Efek-Samping-Penggunaan-Alat-Kontrasepsi-Kb-Suntik>.
- Kamtelat, K., Abeng, A.T. And Hamang, S.H. (2024) 'Asuhan Kebidanan Keluarga Berencana Pada Ny. N Akseptor Depo Progestin', *Window Of Midwifery Journal*, Pp. 64–70.
- Kemenkes (2023) 'Survei Kesehatan Indonesia (Ski) 2023', Kemenkes, P. 235.
- Monayo, E.R., Basir, I.S. And Yusuf, R.M. (2020) 'Efek Samping Penggunaan Kontrasepsi Hormonal Di Wilayah Kerja Puskesmas Buhu Kabupaten Gorontalo', *Jambura Nursing Journal*, 2(1), Pp. 131–145. Available At: <https://doi.org/10.37311/Jnj.V2i1.6860>.
- Noor, M.S. Et Al. (2022) 'Buku Ajar Partisipasi Pria Dalam Program Keluarga Berencana'. Cv. Mine.
- Organization, W.H. (2021) 'Hypertension'. World Health Organization. Available At: <https://www.who.int/news-room/fact-sheets/detail/hypertension>.
- Perrone, U. Et Al. (2026) 'Safety And Efficacy Of Hormonal Therapies Used To Treat Endometriosis In Women Suffering Migraine', *Expert Opinion On Drug Safety [Preprint]*, (Just-Accepted).
- Purwono, J., Sari, R. And Nurjannah, S. (2024) 'Pengaruh Rebusan Daun Salam (*Syzygium Polyanthum*) Terhadap Penderita Hipertensi', *Jurnal Wacana Kesehatan*, 9(1), Pp. 9–17.
- Rakhmawati, D. (2020) 'Pengaruh Kontrasepsi Suntik 3 Bulan Dengan Kejadian Hipertensi Di Puskesmas Pembantu Blindungan Kab. Bondowoso', *Jurnal Mid-Z (Midwifery Zigot) Jurnal Ilmiah Kebidanan*, 3(1), Pp. 13–18.
- Sab'ngatun, S. Et Al. (2023) 'Analisis Lama Pemakaian Dengan Efek Samping Kontrasepsi Pada Akseptor Kontrasepsi Suntik 3 Bulan', *Avicenna: Journal Of Health Research*, 6(2).
- Sofa Fatonah, H.S. Et Al. (2023) *Asuhan Kebidanan Keluarga Berencana*. Nuansa Fajar Cemerlang.
- Susiloningtyas, I., Realita, F. And Hasna, F.N. (2023) 'Faktor-Faktor Yang Mempengaruhi Penggunaan Kontrasepsi Hormonal Suntik 3 Bulan', *Jurnal Health Sains*, 4(1), Pp. 120–133.
- Suyono, A. And Martiana, I. (2023) 'Pengaruh Lama Penggunaan Kontrasepsi Suntik Terhadap Hipertensi'. Universitas Dr. Soebandi.
- Wa Ode Nurul Mutia, Nurul Eko Widiyastuti, Siti Pangarsi Dyah Kusuma Wardani, Rahmawati Raharjo, Dera Alfiyanti, N. A. (2022). *Kesehatan Ibu, Anak dan Keluarga Berencana Indonesia: Media Sains Indonesia*