

FAMILY PLANNING MIDWIFERY CARE FOR Mrs. "H," A DEPO MEDROXY PROGESTERONE ACETATE ACCEPTANT WITH HYPERTENSION

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ABSTRACT

Background: Family planning is an important program for improving reproductive health and family welfare. The use of three-month injectable contraception containing Depo Medroxyprogesterone Acetate (DMPA) requires appropriate midwifery care, particularly for acceptors experiencing hypertension. **Purpose:** This final project aimed to analyze the implementation of family planning midwifery care for Mrs. H, a three-month injectable contraceptive acceptor with hypertension, at Mawasangka Tengah Community Health Center. **Subject:** The subject of this case study was Mrs. H, a three-month injectable contraceptive acceptor who experienced hypertension. **Method:** This study used a descriptive case study approach. Data were collected through observation, interviews, physical examination, and documentation. Midwifery care was provided using the seven-step Varney approach and documented using the SOAP method. **Results:** The results showed that midwifery care for Mrs. H as a three-month injectable contraceptive acceptor with hypertension was implemented in accordance with midwifery service standards. Following the provision of care, communication, information, and education, Mrs. H demonstrated an understanding of the information provided regarding her health condition, contraceptive use, and the importance of blood pressure monitoring. **Conclusion:** Family planning midwifery care for Mrs. H, a three-month injectable contraceptive acceptor with hypertension, was provided according to midwifery care standards. Communication, information, education, and monitoring of the acceptor's condition are important components in supporting safe and appropriate family planning services.

INTRODUCTION

Family planning (FP) is an important part of reproductive health services, helping couples regulate the number and spacing of pregnancies and improving family well-being. One widely used contraceptive method is injectable contraception because it is practical, effective, readily available, and does not require daily adherence like the pill. (Fadillah, 2024). In Indonesia, injectable contraception remains a primary choice, making quality service and monitoring the acceptor's health a crucial component of family planning services. The use of hormonal contraception requires careful attention to the acceptor's health, including regular blood pressure monitoring to detect potential health problems early (RI, 2020).

One widely used injectable contraceptive is Depo Medroxyprogesterone Acetate (DMPA), a three-monthly injectable contraceptive containing the hormone progestin. DMPA works primarily by inhibiting ovulation and thickening cervical mucus, thus impeding sperm's journey to the ovum. It also causes changes in the endometrium that support contraceptive effectiveness. Although effective in preventing pregnancy, DMPA use can be accompanied by various side effects and physiological changes in some users, requiring counseling, initial examination, and monitoring during contraceptive usepsi (Murniati et al., 2024). Several studies also show a relationship between the use of three-monthly injectable contraceptives and increased blood pressure in some women of childbearing age, so blood pressure conditions need to be taken into account when providing family planning services (AURIEL et al., 2024).

Hypertension is a significant health problem because it often occurs without symptoms, but it can increase the risk of cardiovascular complications if not properly managed. Risk factors for hypertension can stem from various conditions, such as age, family history, excess weight, high salt intake, smoking, and other factors (AURIEL et al., 2024). In the context of family planning services, blood pressure monitoring is crucial because acceptors

experiencing elevated blood pressure require health assessment, communication, information, education, and appropriate follow-up. Therefore, family planning services should not only focus on contraceptive effectiveness in preventing pregnancy but also address the acceptor's safety and overall health (Kraft et al., 2018).

This phenomenon is also evident in family planning services in Southeast Sulawesi Province, particularly at the Mawasangka Tengah Community Health Center. Based on available data, injectable contraception was the most widely used method at the Mawasangka Tengah Community Health Center in 2025, accounting for 40.5% of cases. Among DMPA users, 38 (28.5%) experienced increased blood pressure during the year (Diba et al., 2025). Furthermore, based on data collected during a comprehensive practice from December 1, 2025, to January 23, 2026, 12 users of the three-monthly injectable contraceptive method were identified at the Mawasangka Tengah Community Health Center, in addition to users of implants, one-monthly injectables, and IUDs. This situation demonstrates the importance of providing appropriate midwifery care to DMPA users with hypertension, particularly through assessment, blood pressure monitoring, counseling, communication, information, and education.

Based on this description, there is a need to more specifically describe the implementation of midwifery care for three-monthly injectable contraceptive users with hypertension at the primary health care level. Previous research or reports have primarily discussed the relationship between injectable contraceptive use and blood pressure and the various side effects of DMPA. However, a case study approach that describes direct midwifery care for DMPA users with hypertension using Varney's seven-step midwifery management and SOAP documentation remains relevant for further study (Murniati et al., 2024). Therefore, this case study is important as an illustration of the implementation of midwifery services that are oriented towards individual conditions, early detection, monitoring, and providing education to acceptors. Based on this background, the author is interested in providing family planning midwifery care to Mrs. H, a three-monthly injectable contraceptive (DMPA) acceptor with hypertension at the Mawasangka Tengah Community Health Center, Central Buton Regency (Aisyah et al., 2019).

METHOD

This final project report uses a descriptive case study method with a midwifery care approach for one subject, namely Mrs. "H," a recipient of the three-monthly injectable contraceptive Depo Medroxy Progesterone Acetate (DMPA) with hypertension in the Mawasangka Tengah Community Health Center (Puskesmas), Central Buton Regency. The case study approach was used to obtain an in-depth overview of the implementation of family planning midwifery care for DMPA injectable contraceptive recipients with hypertension based on actual conditions encountered in the field. Documentation of care was carried out using Varney's 7 steps, which include baseline data collection, baseline data interpretation, identification of diagnoses or potential problems, identification of immediate action needs, care planning, care implementation, and evaluation. This was followed by recording progress using the SOAP format.

The case study was conducted in the Mawasangka Tengah Community Health Center, Central Buton Regency, from December 1, 2025, to January 23, 2026. The subject in this case study was Mrs. "H," a recipient of the three-monthly injectable contraceptive DMPA with hypertension. Subject selection was based on their relevance to the case focus of this final project report, namely family planning midwifery care for DMPA injectable contraceptive users with hypertension. The care provided to the subjects was conducted in accordance with applicable midwifery care service and management standards.

The data used in this case study consisted of primary and secondary data. Primary data were obtained directly from Mrs. "H" through interviews, observations, and physical examinations, applying Varney's 7-step midwifery care management. Subjective data collected through interviews included patient identity, chief complaint, marital history, obstetric history, contraceptive use history, medical history, daily habits, and psychological condition. Objective data were obtained through direct observation and a physical examination, which included general condition, vital signs, height and weight measurements, and a comprehensive head-to-toe physical examination. The physical examination was conducted systematically through inspection and other examinations as needed for midwifery care.

Secondary data were obtained from patient documents and medical records available at the Mawasangka Tengah Community Health Center in Central Buton Regency. These data were used as

supporting information to complement the information obtained through interviews and direct examinations, including examination results or previous health care history. Data collection techniques included interviews, direct observation, physical examinations, and medical record documentation studies. Multiple data collection techniques were used to obtain comprehensive information and support the accurate determination of the subject's problems and midwifery care needs.

Data analysis was conducted using a descriptive observational method, comparing the facts found in the subject with relevant midwifery care theories and standards. The analysis was conducted based on Varney's 7-step midwifery care management process. The subject's condition development was documented using the SOAP format: subjective, objective, assessment, and planning. The results of the analysis were used to describe the process of providing family planning midwifery care to Mrs. "H," a three-monthly DMPA injectable contraceptive user with hypertension, including changes in the subject's condition and response to the care provided.

The case study adhered to ethical research principles to protect the subject's rights, privacy, security, and confidentiality. Prior to the implementation of care, the subject was given an explanation of the purpose, benefits, procedures, and use of data in the preparation of the final assignment report, then asked to provide approval through informed consent. The principle of anonymity was applied by not including the subject's full identity and using the initials "Mrs. H" in the report. The principle of confidentiality was applied by protecting all information and data obtained during the data collection process from being accessed or disseminated to unauthorized parties. The application of this principle was carried out as a form of respect for the rights and privacy of the subject during the process of implementing the case study and preparing the final assignment report.

RESULTS & DISCUSSION

Subjective Data

The results of an assessment conducted on Mrs. "H" on December 20, 2025, at the Mawasangka Tengah Community Health Center revealed that she was a 30-year-old Butonese woman with an elementary school education, a housewife, and a mother of three children. She stated that she had been using the three-monthly injectable contraceptive, Depo Medroxy Progesterone Acetate (DMPA), since 2024 and had come for a repeat injection. She had complained of elevated blood pressure for approximately three months, but she still wanted to continue using the same contraceptive. She had no history of hypertension, diabetes mellitus, heart disease, asthma, or infectious diseases, and the decision to use contraception had been mutually agreed upon with her husband.

Objective Data

The examination results indicated that the mother was in good general condition, with a *compos mentis* level of consciousness. Vital signs on December 20, 2025, showed a blood pressure of 140/85 mmHg, a pulse rate of 80 beats/minute, a respiratory rate of 20 breaths/minute, and a temperature of 36.3°C. A body weight of 48 kg and a height of 151 cm was recorded. A general physical examination revealed no abnormalities, no edema or varicose veins, and her extremities were in good condition. At the next follow-up visit on December 21, 2025, the mother's blood pressure was 138/85 mmHg, and her general condition remained good. On December 25, 2025, her blood pressure decreased to 121/80 mmHg, and she reported no complaints.

Assessment

Based on the assessment, Mrs. "H," a user of the three-monthly injectable contraceptive Depo Medroxy Progesterone Acetate, was diagnosed with elevated blood pressure. No potential diagnoses were identified, nor did any immediate intervention or collaboration require further intervention. During monitoring, the mother's general condition remained good, and her blood pressure decreased after receiving midwifery care and complementary care in the form of cucumber and celery juice.

Management

Midwifery care was provided using Varney's seven-step management and SOAP documentation. The mother was counseled on how the three-month injectable contraceptive works, its advantages, disadvantages, and side effects, as well as education on a healthy lifestyle, adequate rest, dietary management, salt reduction, light physical activity, and regular blood pressure monitoring.

After obtaining informed consent, the mother was given a 150 mg intramuscular injection of Depo Progestin and advised not to massage the injection site. The mother was also given complementary care in the form of cucumber and celery juice and encouraged to consume it regularly. Evaluation results showed that the mother understood all the explanations given, was willing to follow the recommendations, continued to use the three-month injectable contraceptive, and experienced a decrease in blood pressure from 140/85 mmHg to 121/80 mmHg during the monitoring period.

DISCUSSION

Subjective Data

The results of an assessment of Mrs. "H" on December 20, 2025, at the Mawasangka Tengah Community Health Center revealed that she is a 30-year-old woman of Butonese ethnicity, with an elementary school education, a housewife, married once for approximately 6–7 years, and has three children. She stated that she has been using the 3-monthly contraceptive injection since 2024 to regulate pregnancy spacing. She came to receive the 3-monthly contraceptive injection and complained of elevated blood pressure for approximately three months. She stated that prior to using the 3-monthly contraceptive injection, her menstrual cycle was regular, approximately 28–30 days. The decision to use contraception was made by mutual agreement with her husband, and she continued to use the 3-monthly contraceptive injection. (Sagita et al., 2024).

Basic data collection is the initial stage in midwifery care management which is carried out by reviewing and collecting complete, comprehensive and systematic data regarding the client's condition as a basis for determining the diagnosis and care plan (Harfiani & Nurhayati, 2024). In the case of Mrs. "H," the data collection process involved anamnesis, including her identity, reason for visit, chief complaint, medical history, menstrual history, contraceptive history, pregnancy and childbirth history, daily habits, and psychosocial and cultural background. These data provide a snapshot of the mother's condition as a 3-monthly injectable contraceptive user experiencing increased blood pressure (Anderson & Johnston, 2023).

The 3-month injectable contraceptive contains 150 mg of Depo Medroxy Progesterone Acetate (DMPA), which is a progestin-class hormonal contraceptive and is administered periodically every three months or once every 12 weeks (Kunang, 2020). In Mrs. "H"'s case, information regarding the duration of DMPA use since 2024 is crucial in linking the mother's complaints to her current contraceptive use. Based on the anamnesis, it was determined that the mother desired to maintain her contraceptive use despite experiencing increased blood pressure. (Mariska & Purba, 2025).

Objective Data

The examination of Mrs. "H" indicated a good general condition with *compos mentis* consciousness. Vital signs showed a blood pressure of 140/85 mmHg, a pulse rate of 80 beats/minute, a temperature of 36.3°C, and a respiratory rate of 20 breaths/minute. The mother was 151 cm tall and weighed 48 kg. A physical examination from head to extremities revealed no significant abnormalities. The face was neither pale nor edematous, the conjunctiva was pink, and there was no jaundice. The neck showed no enlarged thyroid gland or lymph nodes, the breasts were symmetrical with no lumps or tenderness, the abdomen showed no surgical scars, and the extremities showed no edema or varicose veins. The examination results indicated the mother's general condition was good, although she complained of increased blood pressure.

These objective data were used to support the diagnosis based on subjective and objective data obtained during the assessment. Midwifery management is an approach to providing care based on subjective and objective data obtained through the assessment process of the client's condition. (Warina & Hamang, 2023). In Mrs. "H"'s case, the physical examination and vital signs supported the complaint of increased blood pressure, which was the primary concern in providing care.

During the second stage, the woman's labor was fully dilated to 10 cm, the membranes ruptured clearly, the mother had strong pushing urges, the perineum was prominent, the vulva and anus were open, and the baby was born spontaneously through physiological labor mechanisms. The third stage proceeded normally, with the placenta delivered completely, uterine contractions good, and no tears were found in the birth canal. The fourth stage showed good uterine contractions, the FFU was one finger below the umbilical cord, blood loss of approximately 50 cc, stable vital signs, and the baby was born in good condition, weighing 3,700 grams. These results indicate that the labor process proceeded according to the principles of Normal Delivery Care, even though the fetus was in a breech presentation.

At the visit on December 21, 2025, the mother reported no other complaints such as severe dizziness, blurred vision, or chest pain. The examination results showed a good general condition, *compos mentis* consciousness, blood pressure of 138/85 mmHg, pulse rate of 80 beats/minute, temperature of 36.3°C, and respiration rate of 20 breaths/minute. Subsequently, on December 25, 2025, the mother reported no complaints, and the examination results showed a blood pressure of 121/80 mmHg, pulse rate of 80 beats/minute, temperature of 36.3°C, and respiration rate of 20 breaths/minute. These developments indicate a decrease in blood pressure during the monitoring period.

Assessment

Based on subjective and objective data obtained on December 20, 2025, Mrs. "H" was diagnosed as a 3-monthly injectable contraceptive user with complaints of elevated blood pressure. This diagnosis was based on a history of DMPA use since 2024 and the mother's complaints of elevated blood pressure for approximately three months, with a blood pressure reading of 140/85 mmHg.

DMPA injectable contraception can cause various side effects in users, including menstrual irregularities, weight changes, headaches, vaginal discharge, and changes in hormonal and metabolic conditions. Disorders associated with hormonal contraceptive use require attention when monitoring users during contraceptive use (D. P. Sari et al., 2021). In Mrs. "H's case, the complaint of concern was increased blood pressure during the 3-month injectable contraceptive use, so blood pressure monitoring and education on a healthy lifestyle were conducted.

The use of hormonal contraceptives such as DMPA can affect the body's hormonal balance. These hormonal changes can be associated with changes in blood vessel function and blood pressure in some users, making blood pressure monitoring during contraceptive use an important part of family planning services (Emilda et al., 2022). Thus, the diagnosis for Mrs. "H" is supported by the history and examination results performed during the care process.

During the potential problem identification stage, no data was found to indicate any complications or potential problems requiring special treatment for Mrs. "H." A diagnosis or potential problem is a possible problem that could occur based on the interpretation of previously collected data. (Laiya & Kurnaesih, 2021). The mother's continued good condition, *compos mentis* consciousness, absence of complaints such as severe dizziness, blurred vision, and chest pain, and decreased blood pressure monitoring results indicate that no potential problems were identified during the assessment.

At the immediate action or collaboration stage, no data was found to support the need for immediate or collaborative action. The ability to identify potential problems is necessary to determine possible complications and appropriate actions. In Mrs. "H"'s case, the mother's general condition was good and no danger signs were found. Therefore, care continued with education, blood pressure monitoring, provision of contraception according to the services provided, and monitoring the mother's progress.

Management

Midwifery care for Mrs. "H" was carried out based on a plan developed in accordance with the mother's condition. The action plan for midwifery care must be developed based on the patient's indications and condition, and consider actions that are acceptable and agreed to by the patient. (Hatini, 2019). In this case, the care plan includes providing communication, information, and education about the 3-monthly contraceptive injection, explaining blood pressure complaints, recommending a healthy lifestyle, monitoring blood pressure, administering a 150 mg DMPA injection, providing complementary care in the form of cucumber and celery juice, as per the case documentation, and recommending a follow-up visit if any complaints arise.

At the visit on December 20, 2025, the mother was explained how the 3-monthly contraceptive injection works, its benefits, and its side effects. She was also informed about the importance of maintaining a healthy lifestyle, managing her diet, reducing salt intake, engaging in light physical activity, getting enough rest, and avoiding stress. Education was provided so that the mother understood her condition and was able to participate in maintaining her health while using contraception.

Informed consent was then obtained before administering the injection and the planned procedures. After the equipment and materials were prepared, the mother was given a 150 mg

intramuscular injection of depot progestin. DMPA 150 mg is a contraceptive method administered periodically every three months or 12 weeks (Kunang, 2020). After the injection, the mother was advised not to massage the injection site and was advised to return if she experienced any contraceptive-related issues.

Care continued with the administration of cucumber and celery juice as complementary therapy, as planned and documented in the case study. The mother was explained the purpose of the complementary care and agreed to take it. On December 21, 2025, the mother reported no other complaints, such as severe dizziness, blurred vision, or chest pain. Her blood pressure was 138/85 mmHg, so monitoring was carried out. She was advised to get enough rest, reduce strenuous activity, adjust her diet, reduce high-salt foods, and engage in light physical activity.

On December 25, 2025, the mother reported no complaints, and the examination showed a blood pressure of 121/80 mmHg. These results indicate a decrease in blood pressure compared to the initial examination on December 20, 2025. The case documentation indicates that the decrease in blood pressure was evaluated after the mother received complementary care, consisting of cucumber and celery juice, for five days. The mother was then advised to maintain a healthy diet, reduce salt intake, monitor her blood pressure regularly, and undergo follow-up checkups.

Evaluation is the final stage in midwifery care management. It aims to determine the success of the care provided and ensure the client's needs are met according to the diagnosis or problem identified. In Mrs. "H"'s case, the evaluation showed that the mother understood the information about the 3-monthly contraceptive injection and its side effects, understood the recommendations given, was willing to make lifestyle changes, and was willing to monitor her blood pressure. She also continued to use the 150 mg depot progestin contraceptive injection.

Overall, the implementation of midwifery management for Mrs. "H" included baseline data collection, identification of the diagnosis or actual problem, identification of potential problems, immediate or collaborative action, planning, implementation, and evaluation. (Virgian et al., 2022). The data obtained during the assessment can be used as a basis for determining problems and providing care to the mother. Follow-up monitoring showed that the mother's general condition remained good and her blood pressure decreased from 140/85 mmHg on December 20, 2025, to 138/85 mmHg on December 21, 2025, and 121/80 mmHg on December 25, 2025. Therefore, based on the case study documentation, the care provided was in accordance with the stages of midwifery management and no potential problems or need for immediate action were found during the monitoring period.





Figure 1. KB injection

CONCLUSION

Midwifery care for Mrs. "H," a 3-monthly injectable contraceptive user with hypertension, was implemented comprehensively and systematically at the Mawasangka Tengah Community Health Center using Varney's 7-Step midwifery management approach, which includes baseline data collection, identification of actual diagnoses or problems, identification of potential problems, immediate or collaborative action, planning, implementation, and evaluation. The assessment results indicate that Mrs. "H" is a 3-monthly injectable contraceptive user with a blood pressure of 140/85 mmHg, a pulse of 80 beats/minute, a temperature of 36.3°C, and a respiratory rate of 20 breaths/minute. A physical examination revealed no abnormalities. Based on the assessment results, a diagnosis of hypertension was established for the 3-monthly injectable contraceptive user. No data requiring special treatment was found during the identification of potential problems and immediate or collaborative action. The care plan and implementation included providing information on how the 3-month injectable contraceptive works, its advantages, disadvantages, and side effects, education about hypertension, recommendations for adopting a healthy lifestyle, administering a 150 mg intramuscular injection of Depo Progestin, and recommendations for scheduled follow-up visits. The evaluation results indicated that the mother's general condition was good, she understood the information provided, was willing to take steps to minimize the occurrence of long-term hypertension, continued to use the 3-month injectable contraceptive, and was willing to attend follow-up visits. All actions were documented, and based on the discussion, no discrepancies were found between the theory and the care provided to Mrs. "H."

A limitation of this case study is that the assessment and monitoring were conducted on a single subject with a limited observation period, so the results of the care may not reflect the condition of all 3-month injectable contraceptive users with hypertension. Furthermore, long-term monitoring of the mother's blood pressure and the development of her condition was limited, so changes in blood pressure after the care provided could not be comprehensively evaluated.

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