

## ***Midwifery Care in Family Planning for Long-Term Acceptors of the Three-Month Injectable Contraceptive with Hypertension***

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### A B S T R A C T

**Background:** Three-month injectable contraception is one of the most commonly used hormonal family planning methods because it is effective, practical, and easy to use. Long-term use may cause several side effects, one of which is increased blood pressure. Hypertension in contraceptive acceptors requires appropriate monitoring and health education. **Objective:** To provide family planning midwifery care for Mrs. “L”, a long-term user of three-month injectable contraception with hypertension, using the seven-step Varney midwifery management approach and SOAP documentation. **Methods:** This study used a descriptive method with a case study approach. Data were collected through interviews, observation, physical examination, and documentation review. **Results:** The midwifery care included vital sign assessment, blood pressure monitoring, education about hypertension, recommendations for a healthy lifestyle, a low-salt and low-fat diet, light physical activity, and regular health monitoring. Complementary therapy using cucumber, celery, and honey juice was also provided. Evaluation showed that the client understood her health condition, was willing to follow the recommendations, and attended regular health check-ups. **Conclusion:** Midwifery care for a long-term user of three-month injectable contraception with hypertension was provided according to midwifery care standards. Health education, blood pressure monitoring, a healthy lifestyle, and complementary therapy may support blood pressure control.

**Keywords:** Family Planning Midwifery Care; Long-Term Acceptor; 3-Month Injectable Contraceptive; Hypertension

## INTRODUCTION

Data from WHO and SKI in 2024 show that the coverage of modern contraceptives in Indonesia has only reached 55.13% of the national target of 63.4%. The low use of Long-Term Contraceptive Methods (LTCM)—such as IUDs (5.1%) and implants (7.3%)—has led most couples of reproductive age to prefer non-LTCM hormonal methods like injections and pills. This condition aligns with trends in Southeast Sulawesi (Health Office, 2024), where contraceptive injections dominate usage (32%–45%), followed by pills (17.24%). In fact, in Central Buton Regency, the coverage of contraceptive injections is the highest, reaching 66%, making it the primary option for women of reproductive age in the area (Fatimah Siti, 2025)

According to Pratiwi Endah Dwi, (2025). Family Planning (FP) is a government program aimed at regulating the number and spacing of pregnancies while supporting improvements in maternal and child health. One of the contraceptive methods widely used by couples of reproductive age is the three-month injectable contraceptive, as it is effective, practical, and easy to use. Based on the 2024 Indonesia Health Survey, around 55.13% of couples of reproductive age in Indonesia have used modern contraceptive methods. Hormonal methods, particularly injectable contraceptives and pills, remain the most commonly chosen options among the population. Combined hormonal contraceptives containing estrogen and progestin are not recommended for women with hypertension, whether controlled or uncontrolled, as they can increase systolic blood pressure. Therefore, women

with hypertension should use non-hormonal contraceptives or contraceptives that contain only progestin, such as pills, injections, or reversible long-term contraceptives (Kovell *et al.*, 2023)

The long-term use of the three-month injectable contraceptive is suspected to have an impact on blood pressure in some acceptors. Therefore, further research is needed to determine the potential increased risk of hypertension among acceptors who have used the three-month injectable contraceptive for an extended period. This study aims to analyze the incidence of hypertension as well as changes in blood pressure among long-term acceptors of the three-month injectable contraceptive (Putri, 2024).

The three-month injectable contraceptive contains Depo Medroxyprogesterone Acetate (DMPA), which is a proge hormone. Long-term use may cause side effects. According to (Fatmawati, 2023), regular health monitoring is therefore necessary. A lack of information about contraceptive side effects can lead to low awareness among acceptors and create concerns about using this method. One condition that needs attention when using hormonal contraceptives is an increase in blood pressure or hypertension (Kalenga *et al.*, 2022).

According to (Ratnadewi Nurul Fatimah, 2024), cucumber, celery, and honey are natural ingredients that have been widely studied as complementary therapies to help lower blood pressure. Cucumber contains potassium, magnesium, and phosphorus, while celery contains flavonoids and phthalides. These compounds have the potential to support blood pressure control when consumed properly and regularly (Rurul Ruriyanty, 2023). Based on observations at PMB Fatmawaty, in 2024 there were 7 acceptors of the three-month injectable contraceptive who experienced an increase in blood pressure. In 202(Mardawati *et al.*, 2023) 6, Mrs. “L,” a long-term acceptor of the three-month injectable contraceptive, was found to have hypertension. This condition highlights the importance of blood pressure monitoring, education, and the provision of appropriate care for hormonal contraceptive acceptors (Pratiwi Endah Dwi, 2025)

## **METHODS**

This study uses a descriptive method with a case study approach. Midwifery care was provided to Mrs. “L,” a long-term acceptor of the three-month injectable contraceptive with hypertension, using Varney’s 7-step midwifery management and SOAP documentation. The research was conducted at PMB Fatmawaty, Mawasangka District, Central Buton Regency, from December 1, 2025, to January 23, 2026. The subject of the study was Mrs. “L” as a long-term acceptor of the three-month injectable contraceptive with hypertension. Data were obtained from both primary and secondary sources. Primary data were collected through interviews, observations, and physical examinations, while secondary data were obtained from medical records and service documentation. Data analysis was carried out descriptively by comparing assessment results with relevant theories, then documented in SOAP format.

Based on the initial examination, Mrs. “L” was found to have a blood pressure of 145/95 mmHg. This result indicates that her blood pressure is above the normal limit; therefore, based on the assessment and examination, she was diagnosed as a long-term acceptor of the three-month injectable contraceptive with hypertension. This condition requires attention because elevated blood pressure can pose health risks to the mother if not properly monitored and managed

## **RESULTS & DISCUSSION**

### **Subjective Data**

Mrs. “L,” aged 23, has been a long-term acceptor of the three-month injectable contraceptive since July 2024. She came to continue her contraceptive use and complained of dizziness and tension in her neck. She stated that she had no previous history of hypertension nor a family history of hypertension.

At the following visit, she reported that the dizziness and neck tension had decreased. She also mentioned that she routinely followed the given recommendations and consumed

cucumber, celery, and honey juice. By the third visit, she stated that she no longer experienced dizziness.

### **Objective Data**

The initial examination showed a blood pressure of 145/95 mmHg. At the second visit on December 23, 2025, her blood pressure decreased to 135/90 mmHg and her complaints were reduced. At the third visit on December 26, 2025, her blood pressure dropped further to 125/80 mmHg, and she no longer complained of dizziness.

### **ANALYSIS**

Mrs. “L” is a long-term acceptor of the three-month injectable contraceptive with hypertension. The increase in blood pressure is suspected to be related to the prolonged use of hormonal contraception. Her condition requires routine blood pressure monitoring.

The data analysis technique applied is descriptive-narrative, by comparing clinical findings in the field with relevant midwifery theories and health sciences. The framework for this management is based on Varney’s 7-Step Midwifery Management—which includes basic data assessment through evaluation—and is then systematically presented in the form of SOAP documentation (Subjective, Objective, Analysis, and Management).

### **MANAGEMENT**

Based on the midwifery care provided to Mrs. “L” as a long-term acceptor of the three-month injectable contraceptive, it can be concluded that she experienced an increase in blood pressure accompanied by complaints of dizziness and neck tension. After care was given in the form of blood pressure monitoring, health education, the application of a healthy lifestyle, and complementary therapy with cucumber, celery, and honey juice, her condition improved, as indicated by reduced complaints and a gradual decrease in blood pressure from 145/95 mmHg to 125/80 mmHg, with no further hypertension. These results show that the midwifery care provided helped control blood pressure and improve her health condition. Complementary therapy can be used as a supportive effort in managing hypertension, but it should always be accompanied by regular blood pressure monitoring and collaboration with healthcare professionals according to the mother’s condition

### **DISCUSSION**

#### **Subjective Data**

Mrs. “L,” aged 23, is a long-term acceptor of the three-month injectable contraceptive, having used it since July 2024. She came to PMB Fatmawaty with the purpose of continuing her use of the three-month injectable contraceptive. During the assessment, she reported experiencing dizziness and tension in the neck and nape area over the past two months.

She stated that during this period of complaints, her blood pressure also increased. She had no previous history of hypertension and reported no family history of hypertension. Based on this information, the increase in her blood pressure is suspected to be related to the prolonged use of hormonal contraception (Mansyur, 2024).

During the care provided, the mother stated that she was willing to follow the recommendations given. She began limiting her intake of salt and fatty foods, maintaining a balanced diet, getting adequate rest, and engaging in light physical activity. She also reported routinely consuming a combination juice of cucumber, celery, and honey as a complementary therapy to help control her blood pressure.

At the second visit on December 23, 2025, she mentioned that her complaints of dizziness and neck tension had begun to decrease. Furthermore, at the third visit on December 26, 2025, she stated that she no longer experienced dizziness, continued to regularly consume

the recommended juice, and maintained a healthy diet. This indicates an improvement in her condition after receiving care and following the recommendations provided

### **Objective Data**

The initial examination showed Mrs. “L” had a blood pressure of 145/95 mmHg. Based on this result, her blood pressure was above the normal limit and met the criteria for hypertension, namely systolic blood pressure  $\geq 140$  mmHg and/or diastolic  $\geq 90$  mmHg. From the assessment and examination, she was diagnosed as a long-term acceptor of the three-month injectable contraceptive with hypertension.

During subsequent examinations and monitoring, her vital signs and general condition were regularly observed. She was provided with education about hypertension, a low-salt and low-fat diet, adequate rest, light physical activity, and counseling regarding the use of the three-month injectable contraceptive. Monitoring was also carried out through home visits to assess her condition’s progress and adherence to the recommendations given (Mardawati, 2025).

### **ANALYSIS**

Following the assessment, Mrs. “L,” aged 23, has been a consistent user of the three-month injectable contraceptive since July 2024. She initially reported dizziness and neck tension, with no personal or family history of hypertension. Her first examination revealed a blood pressure of 145/95 mmHg, meeting the diagnostic threshold for hypertension ( $\geq 140/90$  mmHg). At the subsequent visit, her blood pressure decreased to 135/90 mmHg and her symptoms improved, while at the third visit it further declined to 125/80 mmHg with no dizziness present. Throughout the care process, she adhered to recommendations such as reducing salt and fat intake, maintaining a balanced diet, ensuring adequate rest, engaging in light physical activity, and regularly consuming cucumber, celery, and honey juice as complementary therapy. These findings suggest that her elevated blood pressure is associated with prolonged use of hormonal contraception, yet it remains manageable through regular monitoring, health education, lifestyle adjustments, and supportive complementary therapy. Overall, the subjective and objective data indicate that Mrs. “L” experienced mild hypertension as a long-term user of the three-month injectable contraceptive. The condition was controlled with non-pharmacological measures, did not progress to severe complications, and showed improvement following midwifery care (Kovell *et al.*, 2023)

### **MANAGEMENT**

Cucumber, celery, and honey juice can be used as complementary therapy to help control blood pressure. Cucumber contains potassium and a high water content that helps maintain fluid and electrolyte balance in the body. Celery contains potassium and active compounds that can help relax blood vessels, allowing smoother blood flow. Meanwhile, honey contains antioxidants that support vascular health. The combination of these three ingredients can help lower and stabilize blood pressure in individuals with hypertension (Rurul Ruriyanty, 2023).

Cucumber, celery, and honey juice has several benefits as supportive therapy, including maintaining fluid balance, promoting smooth blood circulation, and helping to control blood pressure. The potassium content in cucumber and celery can help reduce the effects of sodium in the body, while antioxidants from honey support vascular health. Thus, consuming this juice can contribute to cardiovascular health maintenance (Karimang Sriwulan, 2024).

The ingredients used consist of one medium-sized cucumber, 2–3 stalks of celery, 1–2 tablespoons of honey, and 100–150 ml of boiled water. The equipment needed includes a blender, knife, cutting board, glass, and a strainer if necessary. The preparation method begins with washing the cucumber and celery thoroughly, then cutting them into small pieces. Next, the ingredients are placed in a blender, water is added, and blended until smooth. The juice can then be strained if desired, honey is added, and stirred until well mixed. The juice is ready to be consumed (Sari Mega, 2024).

Cucumber, celery, and honey juice is consumed twice daily, in the morning and afternoon. In the morning, it can be taken after meals, while in the afternoon it can be consumed about 1–2 hours before or after meals. Consumption is carried out routinely for seven consecutive days as complementary therapy to help control blood pressure (Rurul Ruriyanty, 2023).

Regular administration of cucumber, celery, and honey juice to Mrs. “L” showed changes in blood pressure during the care period. Her blood pressure, initially 145/95 mmHg, decreased to 135/90 mmHg, and then to 125/80 mmHg. Complaints of dizziness and neck tension also diminished until they were no longer felt. These results indicate that consuming the juice as supportive therapy, along with a healthy lifestyle and blood pressure monitoring, can help in controlling blood pressure (Retanti, 2022).

These findings are consistent with an (Mardawati *et al.*, 2023). which demonstrated that regular consumption of cucumber juice reduced the average systolic/diastolic blood pressure from 160.22/96.11 mmHg to 142.78/86.11 mmHg ( $p<0.05$ ). Research by (Pratiwi Agustina Ida, 2025). also confirmed that the combination of these three ingredients has a strong synergistic effect in lowering blood pressure among contraceptive acceptors.



Figure 1. Initial Visit



Figure 2. Provision of Care



Figure 3. Contraceptive Injection – Complementary

## CLOSING

From the midwifery care provided to Mrs. “L,” a long-term acceptor of the three-month injectable contraceptive with hypertension, it was found that she experienced elevated blood pressure accompanied by complaints of dizziness and neck tension. The care involved comprehensive assessment, physical examination, blood pressure monitoring, health education on hypertension, counseling regarding contraceptive use, and recommendations for a healthy lifestyle such as reducing salt and fat intake, ensuring adequate rest, and engaging in light physical activity.

## LIMITATIONS

This study is limited to a single case with a relatively short monitoring period, so the results cannot yet be generalized to all contraceptive users with hypertension. The data obtained also relied on interviews, observations, physical examinations, and documentation during the course of care.

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