

POST NATAL MIDWIFERY CARE FOR MRS. "N" WITH POST PARTUM HEMORRHAGE AT THE SORAWOLIO HEALTH CENTER

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A B S T R A C T

Background: Blood loss of more than 500 milliliters after vaginal delivery or more than 1000 milliliters during cesarean delivery is known as postpartum hemorrhage. This condition is one of the main causes of maternal mortality worldwide. In Indonesia, the maternal mortality rate (MMR) is still high, primarily due to postpartum hemorrhage. **Quick and accurate handling is crucial to reduce the risk of death.** **Objective:** This research aims to implement postnatal care for Mrs. "N" who experienced postpartum hemorrhage at the Sorawolio Health Center, Baubau City. **Research Sample/Object:** The subject of the research is Mrs. "N", a patient who is experiencing postpartum bleeding. **Method:** This case study uses the 7-step Varney approach and SOAP. **Results:** The results of the case study indicate that there were no obstacles in managing postpartum hemorrhage in Mrs. "N". The entire management process went smoothly without complications, for both the mother and the baby. Vital signs are within normal limits, indicating good health. **Conclusion:** This study emphasizes the importance of implementing Varney's 7-step management and documentation in SOAP format to ensure effective and professional midwifery care. It is hoped that midwives can provide quality services without distinguishing the social status of patients..

INTRODUCTION

Maternal death is a significant issue in public health, especially in developing countries, where complications related to pregnancy and childbirth often become the leading causes. According to the World Health Organization (WHO), compared to women in developed countries, women in developing countries experience pregnancy complications three hundred times more often than women in developed countries. In Southeast Asia, an average of 1,500 maternal deaths occur daily due to pregnancy complications.(Yuliati et al. 2018)).

In Indonesia, the Ministry of Health of the Republic of Indonesia recorded that the Maternal Mortality Rate (MMR) in 2022 was around 183 per 100,000 births, which is much higher compared to Malaysia which is only 20 per 100,000 births. The main cause of maternal death in Indonesia is postpartum hemorrhage (PPH) which accounts for 30% of total deaths, followed by eclampsia (25%) and infection (12%)(Simanjuntak 2020). Postpartum Hemorrhage (PPH) is defined as blood loss of more than 500 ml after normal delivery or more than 1,000 ml after cesarean section.(Andi Nur Fadhilah Umar 2023)

The postpartum period or puerperium is the period after childbirth that involves significant physiological changes in the reproductive, digestive, urinary, musculoskeletal, endocrine, vital signs, cardiovascular, and hematological systems (Wati and Ratnasari 2017). The postpartum period lasts approximately 6 weeks or 42 days (Anita et al., 2020) During this time, hormones such as HCG, estrogen, and progesterone drop drastically, returning a woman's body to its pre-pregnancy state in about six weeks. (Sari 2022)

The four main groups of causes of postpartum hemorrhage and maternal death include tone (uterine atony), tissue (retained placenta and placental remnants), laceration (lacerations of the perineum, vagina, cervix, and uterus), and coagulopathy (blood clotting disorders). (Simanjuntak 2020). Postpartum hemorrhage and maternal death are caused by uterine atony. This is followed by trauma such as uterine rupture and lacerations, as well as blood clotting disorders like idiopathic thrombocytopenic purpura (ITP), thrombotic thrombocytopenic purpura, von Willebrand disease, and hemophilia. (Simanjuntak 2020)

Hypovolemic shock, DIC, acute kidney failure, acute respiratory issues, acute respiratory distress syndrome, and death are serious consequences of postpartum hemorrhage if not addressed promptly.

(Bayuana et al. 2023). Antepartum bleeding lasts for twelve hours, while postpartum bleeding lasts only two hours.

Therefore, it is very important to recognize early and provide immediate treatment. Although there is a tendency for maternal deaths due to bleeding to decrease, the death rate should still be able to be reduced even lower with better treatment. The triad of delays, namely late referral, late reaching the referral place, and late receiving adequate assistance at the referral place, has long been known as the main cause of maternal death.(Simanjuntak 2020)

Uterine atony, retained placenta, birth canal lacerations, placenta previa, and blood coagulation disorders are factors that can lead to postpartum hemorrhage. (Kristianingsih, Mukhlis, and Ermawati 2020). Based on a survey conducted in January-March 2024 at the Sorawolio Health Center, Baubau City, data was found that out of six postpartum mothers, one postpartum mother was diagnosed with postpartum hemorrhage. The results of the observation showed that Mrs. "N", a 30-year-old mother who gave birth to her fourth child on January 23, 2024, experienced postpartum hemorrhage of around ± 500 cc due to the remaining placenta at 23.28 WITA.

Based on the background description above, the author is interested in compiling a Final Assignment Report with the title "Post Natal Care Midwifery Care for Mrs. 'N' with Postpartum Hemorrhage at the Sorawolio Health Center, Baubau City in 2024".

METHODOLOGY

This final assignment report is written using a case study approach. This method is used as an effort to take a better midwifery management approach. Midwifery management is a problem-solving process that organizes thoughts and actions based on scientific theories, findings, skills, and logical sequences or stages to make decisions that are focused on clients. A case study is an approach to focusing specifically on a particular topic by viewing the subject as a case. The author uses the SOAP documentation format to reveal cases or events based on theories applied to real situations.

Subjective data includes documentation that can be obtained from Mrs. N's anamnesis or interviews. Objective data includes documentation from the client's physical examination; supporting examinations are the main data to support care. Analysis is the process of identifying the results of subjective and objective data collected. Management is the process of keeping records of planned actions to be taken and to be taken in the future.

RESULTS & DISCUSSION

Subjective Data

Mrs. "N" aged 30 years P4A0 complained of heavy bleeding from the birth canal at around 23.28 WITA, so she had to change her sarong twice. This complaint arose after she gave birth at 21.28 WITA on the same date. In addition, Mrs. "N" felt dizzy and tired after giving birth but felt pain in her lower abdomen.

The patient reported that she gave birth on January 23, 2024 at 21:28 WITA. The patient also stated that her last menstruation was on April 20, 2023, and this is her fourth child. Currently, the patient feels pain in the lower abdomen, as well as experiencing dizziness and fatigue, while feeling anxious about her condition. In addition, the patient reported quite a lot of blood discharge from the birth canal. The mother said that from the first child to the third child, she used a 3-month injection of contraception.

On January 25, 2024, Mrs. "N" felt stomach cramps. She also said that the blood that came out of the birth canal was like a normal menstruation. However, the patient still complained of stomach cramps. On January 29, 2024, she said she was very happy to be able to breastfeed her child. The mother said that her condition had improved and said that she had taken medicine from the doctor, and was no longer anxious about her condition.

Objective Data

The results of Mrs. "N"'s physical examination showed a general condition of an anxious mother, with a lethargic and listless facial expression, blood pressure of 110/80 mmHg, pulse of 80 times a day, respiration of 22 times a day, and body temperature of 36.5°C. The head appeared clean and there was no dandruff; the facial expression was not anxious and there was no edema; the conjunctiva of the eyes was rather pale and there were no polyps; the nose was symmetrical left and right, there were no polyps and secretions; the mouth and inner teeth appeared clean, there was no caries or inflammation in the mouth or canker sores; the ears were symmetrical left and right, there was no infection; there

was no enlargement of the jugular vein, thyroid gland, and lymph nodes in the neck; and the breasts appeared symmetrical. Abdominal examination showed contractions appears soft and the vulva and perineum show signs of blood discharge from the birth canal of ± 500 cc.

As a result of the examination conducted on January 25, 2024, the mother's condition was good, and her composmetis consciousness was sufficient. Blood pressure was 110/70 MmHg, pulse 80 times a day, breathing 20 times a day, and temperature 36.5 degrees Celsius. The results of the physical examination included white sclera, pink conjunctiva, abdominal contractions that were hard or round, the height of the uterine fundus was two fingers below the center, and the results of the genital examination showed bleeding of ± 75 cc, with visible lochia rubra discharge.

Analysis

Mrs. "N" Age 30 years P4A0 postpartum first day with postpartum bleeding

Management

The mother received initial treatment for postpartum hemorrhage by collaborating with an obstetrician and gynecologist. An IV of Ringer's Lactate with oxytocin was administered at a rate of 20 drops per minute, following the doctor's advice. It was recommended to massage the uterine fundus to improve uterine contractions, as well as to observe the general condition and vital signs to determine the next steps. Additionally, monitoring the amount of bleeding and uterine contractions was carried out, along with exploring the uterine cavity to clean out any remaining placenta. Medication was administered according to the doctor's instructions, including mefenamic acid three times a day, amoxicillin three times a day, and iron tablets daily. Moral and spiritual support was also provided to the mother to help her remain patient, calm, and not appear anxious about her situation.

Tabel 1. Past Birth and Postpartum History

Year	Types of Childbirth	Place of Delivery	of Helper	Postpartum		Baby	
				Complications	JK	BBL	Condition
2014	Normal	At home	Witch doctor	-	♀	-	Life
2015	Normal	At home	Witch doctor	-	♀	-	Life
2019	Normal	At home	Witch doctor	-	♂	-	Life
2024	Normal	At the Health Center	Midwife	-	♀	3.3 kg	Life

Source: Data Primer, 2024

DISCUSSION

Subjective Data

In obstetric theory, postpartum hemorrhage is a potentially life-threatening condition characterized by blood loss of more than 500 ml within the first 24 hours after childbirth.

(Sophia Immanuela Victoria and Juli Selvi Yanti 2021) . One of the main causes of postpartum hemorrhage is uterine atony, where the uterus fails to contract adequately after childbirth, which can lead to massive bleeding. (Singh et al. 2020).

Based on subjective data, Mrs. N gave birth to her fourth child normally on January 23, 2024 at 21.28 WITA. Although this was her fourth birth and she had no history of previous bleeding, Mrs. N complained of experiencing a lot of blood coming out of the birth canal after giving birth. This condition is in accordance with the theory that even though the history of previous pregnancies and deliveries did not show complications, postpartum hemorrhage can occur suddenly and unexpectedly, especially in multiparas, as experienced by Mrs. N (Heldayanti 2017)

During her previous postpartum period, Mrs. N did not experience any complications or bleeding, and she has no history of chronic diseases that are typically associated with bleeding risks, such as asthma, heart disease, or diabetes. Mrs. N's history of hypertension also needs to be taken into account; although it is not always directly related to an increased risk of postpartum bleeding, hypertension can be a factor that worsens the mother's condition after childbirth. (Raihanah 2017)

In practice, Mrs. N's condition, who complained of heavy bleeding from the birth canal after delivery despite having no history of previous bleeding, aligns with the theory that postpartum

hemorrhage can occur in mothers with normal pregnancies as well. This emphasizes the importance of close monitoring of mothers after childbirth, especially in the first few hours following delivery.

Good nutrition, adequate rest, and normal activities during pregnancy, as reported by Mrs. N, also reflect that these factors do not always prevent postpartum bleeding, although they contribute to the overall health of the mother. (Retnaningtyas et al. 2022)

The condition experienced by Mrs. N shows that even though the history of previous pregnancies and deliveries were without complications, postpartum hemorrhage can still occur, in accordance with existing obstetric theory. Therefore, close monitoring after delivery is very important to detect and treat possible complications.

Objective Data

The results of the vital signs examination on Mrs. N showed blood pressure of 110/80 mmHg, pulse 80x/minute, respiration 22x/minute, and temperature 36.5°C, within normal limits. Based on the literature, in cases of postpartum hemorrhage, there is usually an increase in vital signs, especially blood pressure and pulse, as the body's compensation for significant blood loss. (Puspitasari et al. 2011) However, in Mrs. N's case, vital signs remained stable, which may be indicated by the absence of a history of hypertension or other cardiovascular disease that could worsen the physiological response to bleeding.

Further physical examination showed a clean scalp, no facial edema, slightly pale conjunctiva, no icterus of the sclera, and no nasal discharge or polyps. Genital examination identified a blood discharge from the birth canal of approximately 500 cc, which is in accordance with the literature as an indication of postpartum hemorrhage. (Simanjuntak 2020) This blood loss, although significant, was not accompanied by symptoms of shock, which could also be influenced by the stability of Mrs. N's vital signs.

On examination on January 25, 2024, the mother's physical condition showed good recovery, with blood pressure of 110/70 mmHg, pulse 80x/minute, respiration 20x/minute, and temperature 36.5°C. The results of the physical examination of the uterus showed good contractions and the height of the uterine fundus which was two fingers below the navel also reflected the normal uterine involution process after delivery. (Hidayat, R., & Kartikasari 2023b). Examination of the genitalia showing discharge of lochia rubra and bleeding of around 75 cc indicates normal bleeding in the early postpartum period. (Hidayat, R., & Kartikasari 2023b)

On examination conducted on January 29, 2024, Mrs. N's vital signs remained within normal limits, with blood pressure of 100/70 mmHg, pulse 80 times per minute, respiration 20 times per minute, and body temperature 36.5 degrees Celsius. The postpartum recovery process showed good uterine contractions and a high uterine fundus one finger below the navel. This is in accordance with the theory that effective uterine contractions are needed to prevent greater bleeding. (Rahmawati, A., & Pratama, 2024)

Analysis

In the case of Mrs. N, who experienced postpartum hemorrhage after giving birth to her fourth child, this analysis is based on subjective and objective data that support the diagnosis of postpartum hemorrhage. In theory, postpartum hemorrhage is one of the complications that can occur in the first two hours after delivery, characterized by significant blood loss, more than 500 ml, and lower abdominal pain. (Rahayu, S., & Setiawati 2021). This is consistent with Mrs. N's complaint, who reported a lot of blood coming out of the birth canal and feeling pain in the lower abdomen after giving birth on January 23, 2024.

Further physical examination revealed that Mrs. N's scalp and hair appeared clean, there was no dandruff, and no edema was found on the face. Slightly pale conjunctiva and white sclera without jaundice indicated mild anemia, which is often the result of postpartum blood loss. (Suryani, D., Pratiwi, E., & Hidayah 2022). Examination of the nose, mouth, teeth, and breasts also showed no significant abnormalities.

According to abdominal examination, the uterus felt soft with the uterine fundus at the level of the navel. This indicates that the uterine involution process has not gone well. The diagnosis of postpartum hemorrhage is strengthened by the large amount of blood loss after two hours postpartum which was found on genital examination. (Husna, L., & Arifin 2023). Therefore, in accordance with the previous theory, Mrs. N, 30 years old, P4A0, was diagnosed with postpartum hemorrhage, according to the results of the analysis conducted.

Management

Handling of postpartum hemorrhage cases in Mrs. N involves interventions that require collaboration between midwives and obstetricians. Based on existing theory, in situations where postpartum hemorrhage occurs in significant amounts, immediate action must be taken to prevent hypovolemic shock, which is one of the main causes of maternal death after childbirth.(Rizki, A., Fauziah, R., & Andini, 2021). In accordance with the standard operating procedure (SOP) at the Health Center, the installation of Ringer Lactate (RL) infusion added with oxytocin is an important initial step to help uterine contractions and reduce bleeding.(Fitriani, N., Sari, D., & Wardhani, 2022).

Next, a uterine cavity exploration was performed to ensure that no placental remains were left behind, which is in accordance with recommended clinical practice to reduce the risk of infection and further complications.(Hidayat, R., & Kartikasari, 2023).This treatment is also in line with obstetric principles that prioritize maternal safety through minimal but effective interventions.

After the procedure is completed, pharmacological therapy such as administration of mefenamic acid to reduce pain and antibiotics such as amoxicillin to prevent infection are standard measures to be taken, according to the guidelines for the management of postpartum hemorrhage.(Saraswati, A., & Puspitasari, 2020). In addition, the provision of Fe tablets and education about nutrition is important to prevent anemia and ensure optimal recovery for patients.(Wulandari, A., & Sari, 2021).

Moral and spiritual support was also given to Mrs. N, who felt anxious and worried due to her condition. This is important because a holistic approach in midwifery care includes not only the physical aspect but also the emotional well-being of the patient.(Purnama, S., & Rahmawati, 2021). Thus, the collaboration between midwives and doctors in this case has been carried out in accordance with the applicable theory and SOP.(Minarti, L., & Dewi, 2023).

CONCLUSION

Based on the results of the assessment through anamnesis, physical examination, established diagnosis, and action plans that are adjusted to needs and after discussing the suitability between the theory and the facts that have been described, the author can conclude that:

Based on the results of the anamnesis, subjective data was obtained from the patient, namely a 30-year-old mother with HPHT dated April 20, 2023. The mother said she gave birth on January 23, 2024, complaining of a lot of blood coming out of the birth canal after 2 hours of giving birth, accompanied by dizziness and fatigue. The mother said she felt pain in the lower part and felt anxious about her condition.

Based on the results of objective examination, it was found that the general condition of the patient was anxious, composmentis consciousness, Blood pressure 110/80 MmHg, Pulse 80 x / I, respiration 22 x / I, and temperature 36.5 °c. Physical examination of the patient showed that the scalp looked clean, there was no edema on the face, the conjunctiva was slightly pale and the sclera was not jaundiced. There were no secretions and polyps in the nose, and it looked symmetrical left and right on the ears, the neck did not show enlargement of the thyroid, jugular and lymph glands, the breasts had prominent nipples, the abdomen appeared to be contracted and felt soft, the genitalia had blood discharge from the birth canal \pm 500 cc, the upper extremities had an RL infusion attached to the left hand.

Based on subjective and objective data that has been obtained, it is analyzed that Mrs. N, 30 years old, P4A0, experienced postpartum hemorrhage.

Management includes collaboration with obstetricians to handle or perform actions in accordance with the standard operating procedures of the health center, so that bleeding can stop using the installation of RL + oxytocin infusion. In addition, uterine cavity exploration techniques were performed, it was recommended that the mother massage the uterine fundus, give mefenamic acid 3 x 1, amoxicillin 3 x 1 and Fe tablets per day and provide moral and spiritual support to the mother to appear steadfast and not anxious.

Health service centers are expected to maintain health services in accordance with SOPs and theories, so that they can improve the quality and trust of health service users, especially midwifery services regarding pre- and post-miscarriage or abortion contraceptive counseling. Clients and families are able to understand the danger signs in pregnancy and plan a solid contraceptive method. The Midwife Profession is expected to further improve the quality of care in accordance with the theory that continues to develop but remains based on its authority as a midwife that has been determined so that the care provided is in accordance with midwifery service standards and is beneficial to the client

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