Case Report

MIDWIFERY CARE FOR THE IMPLANT ACCEPTOR OF MRS. C IN THE WORKING AREA OF PEUKAN BADA COMMUNITY HEALTH CENTER, THE REGENCY OF ACEH BESAR IN 2025

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ABSTRACT

The main problem facing Indonesia today is its still-high population growth rate. This problem can be addressed using effective, long-term contraceptives. One recommended and considered effective contraceptive program is the Long-Term Contraceptive Method, which is an implant. The number of long-term contraceptive acceptors in Indonesia is still low, namely below 5%, including in the Regency of Aceh Besar.

The purpose of this study was to provide midwifery care to the implant acceptor, namely Mrs. C (25 years old), in the working area of the Peukan Bada Community Health Center (Puskesmas), Aceh Besar Regency, and document this using the midwifery documentation method (SOAP).

Midwifery care for the implant acceptor was provided three times: pre-insertion, insertion, and post-insertion.

Keywords: Midwifery care, Implant acceptor, sub-district Peukan Bada, Aceh Besar Regency

INTRODUCTION

The main problem facing Indonesia today is its still-high population growth rate. This problem can be addressed through the use of effective, long-term contraceptives. One recommended and considered effective contraceptive program is the Long-Term Contraceptive Method (MKJP). In 2017, the total number of MKJP users reached 13.40%, while the National Population and Family Planning Agency (BKKBN) had set a target of 21.7%. Of the total number of active family planning (KB) program participants, only 13.40% used the MKJP method, while 86.6% used non-MKJP methods.[1]

The low use of Long-Term Contraceptives (MTJP) is due to limited public knowledge about the benefits of the method, as well as limited trained personnel and available facilities [2].

Several methods fall into this category, including permanent contraception (for both men and women), and non-permanent contraception, such as intrauterine devices (IUDs) and implants.[3]

Based on data from the Aceh Statistics Agency (BPS), the

Contraceptive Prevalence Rate (CPR) in Aceh Province was 51.84% in 2018 and 51.70% in 2019. This data indicates a 0.14% decline in contraceptive use in Aceh Province.[4] Women in Indonesia continue to use contraception, with a prevalence rate of 86%, which is below 100%—short-term contraceptive methods. Only about a quarter of family planning program participants choose Long-Term Contraceptives [5]

Various factors influence the use of Long-Term Contraceptive Implants (MWJP) in Indonesia. These factors include program aspects related to service availability, the environment surrounding those closest to them, and the influence of mass media in conveying information. Furthermore, individual factors of service users also contribute significantly. Long-Term Contraceptive Implants (MWJP) use is highly influenced by personal factors, given that the decision to use or not use a particular type of contraception rests with the individual [6]

Based on data from the Aceh Health Office for 2023, the coverage of active non-permanent contraceptive methods (MWJP) in Aceh Province in 2022 showed an IUD usage rate of 4.47% and an implant rate of 4.02%. [7] Meanwhile, according to data from the Aceh Besar District Health Office (2023), the IUD usage rate in Aceh Besar Regency reached 9.4% and an implant rate of 4.1%. Specifically, in Peukan Bada District, the IUD usage rate was recorded at 11.9%, while the implant rate was 10.8%. This indicates that the use of implants, compared to IUDs, is higher at the Aceh Province, Aceh Besar District, and Peukan Bada District levels.[8]

According to research by another study, the low use of implants is due to community fears regarding the surgical procedure, which arise during insertion, as well as concerns about side effects or consequences of implanted MKJP contraceptives. Lack of knowledge, age, parity, education level, and husband's support for the mother's interest in using contraceptive implants are factors in the lack of use of contraceptive implants.[9]

The government has a program to increase the use of Long-Term Contraceptive Implants (MWJP). This program is implemented in various regions across Indonesia to make it easier for people to access family planning services, known as the free family planning program. The primary focus is on controlling birth rates and preventing unplanned pregnancies. Services provided include the installation of contraceptive devices such as implants and IUDs, as well as other family planning services. This program also aims to increase awareness, responsibility, and family well-being within the community.[10]

The services provided include implementing comprehensive services for all clients without discrimination.

Each family planning service is equipped with the ability to perform implant insertion using proper and correct techniques, following the latest installation steps .[11]

The role of midwives in supporting women of childbearing age (WUS) to use implants can be a strategic opportunity to change public mindsets. Midwives, in carrying out their duties, have the responsibility to provide motivation, counseling, and education, enabling health workers to convey information and education effectively. Through these efforts, midwives play a role in supporting changes in public mindsets and serve as facilitators in the process. In addition, midwives are also responsible for providing services related to selecting contraceptive methods that are appropriate to the mother's individual conditions and desires, thus enabling the mother to make the right decision for the health and sustainability of the family [12]

Based on the background description, the purpose of this study was to provide midwifery care to the implant acceptor, namely Mrs. C, in the working area of the Peukan Bada Community Health Center (Puskesmas), Aceh Besar Regency, and document this using the midwifery documentation method (SOAP).

CASE

This case report was made on Tuesday, February 4, 2025, at 10:00 AM WIB and located in LK village, Sub-district Peukan Bada, the district of Aceh Besar. The subject of this report is Mrs. C, 25 years old.

Subjective data collected: Mrs. C stated that she currently wants to use an implant contraceptive because she has previously received an explanation from her family and does not want to use other contraceptives. She stated that she does not have any systemic or hereditary diseases, and she has a 2-month-old child who is currently breastfeeding.

Objective data from the examination results are:

- Good general condition
- Compos mentis awareness
- Vital sign examination results: BP: 110/70 mmhg, Pulse: 80x/m, respiration: 20x/m, temperature: 36,5 ^{o}C.
- Anthropometric examination results: Height: 150 cm, Weight: 41 kg
- Physical examination results: eyes: red conjunctiva and sclera are not icteric. Face: No edema. Tooth: No caries. Neck: No thyroid swelling, breast: No lumps, and extremities: No edema

The planning and management of this case are as follows:

1. Inform the subject of the examination results that the mother is well.
2. Provide comprehensive counseling regarding the types of long-term and non-long-term contraceptive methods.
3. Assist the subject in choosing a contraceptive method according to their wishes and needs (informed choice) using the ABPK method. The

mother continues to choose the contraceptive implant.

4. Explain to the subject about contraceptive implants, namely: Definition of contraceptive implants, types of contraceptive implants, indications and contraindications, and how the implant works.
5. Explain to the subject that contraceptive implants can be used while breastfeeding because they contain the hormone progesterone and do not interfere with breast milk production.
6. Conduct screening using the KLOP wheel. The results indicate the subject is suitable for using contraceptive implants.
7. The subject was given a referral letter for a pregnancy check-up at the community health center, and the results were brought back to the midwife.

On February 6, 2025, the subject returned to the midwife and stated that she was ready for implant placement.

Objective data from the examination results are:

- Good general condition
- Compos mentis awareness
- Vital sign examination results: BP: 110/80 mmhg, Pulse: 84x/m, respiration: 24x/m, temperature: 36,5 ºC.
- Laboratory results: negative pregnancy

The planning and management of this stage are as follows:

1. Explain the results of the examination, indicating that vital signs are within normal limits.
2. Explain the procedure for inserting the contraceptive implant.
3. Prepare the equipment for inserting the contraceptive implant.
4. Prepare yourself by washing your hands with soap and wearing complete personal protective equipment.
5. Ask the subject to wash their arm first.
6. Position the subject to climb onto the bed with their inner arm exposed.
7. Measure the subject's arm, measuring 8 cm from the inside of the elbow, and mark it.
8. The midwife wears sterile gloves.
9. The midwife performs the procedure for inserting the Jadena contraceptive implant, which consists of two implant capsules.
10. Apply Betadine to the arm where the contraceptive implant will be inserted.
11. Place a drape over the area where the contraceptive implant will be inserted.
12. Prepare lidocaine anesthetic using a 3-cc syringe.
13. Inject anesthetic at the incision point and around the implant insertion area.
14. Make a 0.5 cm incision at the incision point using a scalpel at a 45° angle.

15. Insert the trocar through the incision toward the implant insertion point, then pull the trocar plunger.
16. Insert the sterile implant capsule through the trocar, then push with the plunger until resistance is felt and slowly withdraw the trocar until the capsule is fully immersed.
17. Check the incision for bleeding and clean it.
18. Bring the incision edges together and cover with a bandage.
19. The midwife then decontaminates the equipment and medical waste.
20. Dispose of the equipment and disposable materials in the medical waste bin.
21. Remove gloves and soak them in a 0.5% chlorine solution.
22. The midwife washes and dries her hands.
23. The midwife instructs the client on how to care for the incision wound at home: keep the wound dry for 48 hours, avoid impact, friction, and pressure on the wound area, and leave the dressing unopened for 48 hours.
24. Inform the subject about possible side effects after implant placement, including: pain at the insertion site, itching at the insertion site, headache, nausea, mood swings, weight changes, acne, breast tenderness, and hair loss.
25. Inform the subject of the danger signs and what to do if the following occur: persistent arm pain, heavy bleeding, severe chest pain and headache, or implant stem expulsion. If one or more of the above danger signs occur, the subject should immediately visit the nearest health facility.
26. The implant placement was successful, and the subject understood all the explanations given by the midwife.

Post-implant evaluation was conducted 1 week after installation, Friday, February 14, 2025, at 11:00 AM WIB at the subject's home. Subjective data obtained: Mrs. C reported discomfort at the implant insertion site, but no signs of infection were found.

Objective data from the examination results are:

- Good general condition
- Compos mentis awareness
- Vital sign examination results: BP: 110/70 mmhg, Pulse: 80x/m, respiration: 20x/m, temperature: 36,0 ºC.
- There is no bleeding, pus, or increased redness at the insertion site.
- No fever or chills.
- The implant is not visible protruding from the skin, and the midwife can feel the implant in place.

The planning and management of this stage are as follows:

1. Inform the subject of the results of the examination, stating that they are in good health.
2. The midwife explains that any discomfort after implant insertion is physiological and occurs as the body adjusts to the foreign object placed under the skin.

3. Remind the subject about post-implant care and precautions, such as: Keep the wound dry. After insertion, there will usually be some pain in the area, but this is normal. After this, the bandage can be removed. Menstrual cycles may become irregular, but this is normal.
4. Remind the subject of the side effects associated with implant use. To overcome these side effects, avoid certain medications, keep the incision wound dry, maintain a nutritious diet, manage stress well, avoid strenuous physical activity, and get plenty of rest.
5. Remind the subject of potential danger signs during implant use.
6. Remind the subject that the implant lasts for three years. If the subject wishes to become pregnant again before that time, she can visit a health facility to have the implant removed.
7. The subject understands what is conveyed.

DISCUSSION

The subject in this case is a 25-year-old breastfeeding mother with a two-month-old child. She wanted to use a long-term contraceptive implant. This decision was made after obtaining information from her family and was based on her personal wishes, without any coercion.

Health information from family or close relatives is crucial in making decisions about one's health. This aligns with previous research, which concluded that information from family or close relatives has been shown to influence the use of modern contraceptives, especially among women of childbearing age. [13] A physical examination of the mother indicated that she was in good health and qualified for implant placement.

During the first visit or pre-insertion care, counselling is provided about various contraceptive methods (informed choice), including short-term and long-term contraceptives. This explanation covers the advantages, disadvantages, effectiveness, side effects, and duration of protection for each method. The Family Planning Decision-Making Tool (ABPK-KB) is used to ensure that the contraceptive implant aligns with the mother's wishes and needs. This allows the subject to have a comprehensive understanding before making a decision. After obtaining the information, the subject chooses the implant method.

The Family Planning Decision-Making Tool (ABPK-KB) is a standard guideline for contraceptive counselling services. It not only provides the latest information on contraception but also includes standard counselling processes and steps that respect client rights and the principle of informed choice. Furthermore, the ABPK-KB serves a dual purpose: assisting in decision-making regarding contraceptive methods and resolving problems that arise in contraceptive use. This tool

serves as a work aid for healthcare providers and provides technical references and visual materials for training new healthcare providers. All of these aspects are crucial in family planning services. Quality counselling between clients and health service providers is a key indicator of the success of a family planning program.[14]

In accordance with the subject's decision to use the implant, this method is known to be safe for breastfeeding mothers without disrupting breast milk production or quality. The contraceptive implant contains only the hormone progesterone, which is known not to interfere with lactation. Therefore, the use of the contraceptive implant can support mothers in providing exclusive breastfeeding to their babies without any obstacles. A screening was conducted beforehand to ensure the mother's suitability for the contraceptive implant. The results revealed no problems, and the mother was able to proceed with the contraceptive implant.[15]

CONCLUSION

Midwifery care for implant acceptor Mrs. C (a 25-year-old breastfeeding mother) was provided three times: pre-insertion, insertion, and post-insertion. During the pre-insertion care, the examination results indicated that the mother was in good condition and met the requirements for an implant contraceptive acceptor. Education and counseling were provided. The subject then understood and agreed to use the implant contraceptive and would return to the midwife after the pregnancy test results were obtained.

Midwifery care for implant installation was provided two days after the first care, and after laboratory results confirmed that the mother was not pregnant. In this second midwifery care, the implant was inserted. The third post-insertion care was provided one week after the insertion. The mother did not experience any side effects from the insertion, only feeling uncomfortable because she was not used to it.

ETHICS APPROVAL

A subject and witnesses (family) sign informed consent forms before care is provided.

CONFLICT OF INTERESTS

The research team declares that there is no conflict of interest in this research.

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REFERENCES

1. .Badan Pusat Statistik (BPS). 2019. “Angka Penggunaan Metode Kontrasepsi Jangka Panjang (MKJP)

Cara Modern 2012-2017." BADAN PUSAT STATISTIK
2. Hartini, Siti, Evi Nofianti, Yuni Sulistiawati, Universitas Aisyah, and Pringsewu Lampung. 2024. "Peningkatan Pengetahuan Kb Implan Dan Pemasangan Kb Implan Di Puskesmas Penengahan Lampung Selatan." 7(3):546–51.
3. Karuniawati, Nia, Andi Masnilawati, Sitti Hadriyanti Hamang, Fakultas Kesehatan
4. Badan pusat statistik (BPS) Aceh,. 2019. "Angka Pemakaian Kontrasepsi (CPR) Semua Cara Pada Pasangan Usia Subur 15-49 Tahun Yang Pernah Kawin (40 % Bawah), Menurut Provinsi (Persen), 2018-2019."
5. Sari, Sonia Novita, Razia begum Suroyo, and Nuriah Arma. 2023. "Faktor Faktor Yang Memengaruhi Ibu Dalam Di Kota Puskesmas PB Selayang II Kota Medan." 1(1).
6. Djusair, Dewi indriani, Efriza, and Adriani. 2022. "Pemilihan Metode Kontrasepsi Jangka Panjang (MKJP) Program Keluarga Berencana." Human Care Journal 7(2):401–9.
7. Dinas Kesehatan Prov Aceh, Profil Kesehatan Aceh Tahun 2023. Banda Aceh, 2024
8. Dinas Kesehatan Kabupaten Aceh Besar, Profil Kesehatan Kabupaten Aceh Besar Tahun 2023. Kota Jantho , 2024
9. Yuliani, Sri, Frisilia Dewi, Siti Aisyah, and Merisa Riski. 2022. "Faktor – Faktor Penyebab Rendahnya Penggunaan Metode Kontrasepsi Jangka Panjang (MKJP)." 7:79–88
10. Abhinaya. 2024. "Pendaftaran Safari KB Gratis - April Sampai Pertengahan Mai, Tahun 2024." BKKBN.
11. Prasetiyo, Bayu Arif, and Merita Arini. 2023. "Hubungan Komunikasi Informasi Edukasi Dengan Pemakaian Metode Kontrasepsi Jangka Panjang Di Jakenan Kabupaten Pati." Jurnal Kesehatan Vokasional 8(2):91. doi: 10.22146/jkesvo.77051.
12. Nuryanti, Devi, Anugerah Destia Trisetyaningsih, and Mahindria Vici Virahaju.2024. "Hubungan Peran Bidan Dan Dukungan Suami Terhadap Penggunaan Iud Di Wilayah Kerja Puskesmas Srandakan." 1(2).
13. Prasetiyo, Bayu Arif, and Merita Arini. 2023. "Hubungan Komunikasi Informasi Edukasi Dengan Pemakaian Metode Kontrasepsi Jangka Panjang Di Jakenan Kabupaten Pati." Jurnal Kesehatan Vokasional 8(2):91. doi: 10.22146/jkesvo.77051
14. Agustina Enang, Meity Albertina, and Hesti Prawita Widiastuti. 2023. "Pengaruh Konseling Alat Bantu Pengambilan Keputusan Dengan Booklet Terhadap Penggunaan Kb Pada Ibu Nifas Di PMB Ruliyah Emi Sari Dewi,S.ST." Jurnal Ilmu Kebidanan Dan Kesehatan (Journal of Midwifery Science and Health) 14(1):52–59. doi: 10.52299/jks.v14i1.151.
15. Puspadewi, Yuniar Angelia, and Jiarti Kusbandiyah. 2022. Buku Ajar Pelayanan KB. Jawa timur: CV Literasi Nusantara Abadi.