



Case Report

THE MIDWIFERY CARE OF Mrs. F, IUD ACCEPTOR IN THE WORK AREA OF PEUKAN BADA COMMUNITY HEALTH CENTER, ACEH BESAR, IN 2025

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Abstract

Reproductive health includes physical, mental, and social well-being, which can be achieved through the family planning (KB) program. One of the recommended methods is the Intrauterine Contraceptive Device (IUD) as part of the Long-Term Contraceptive Method (MKJP). At the Pekan Bada Health Center in 2022, out of 1,407 fertile age couples (PUS), 11.9% used IUDs. Midwives play an essential role in increasing the scope of IUD use through promotive, preventive, curative, and rehabilitative services. Based on this, the author conducted this case study as a final assignment report entitled "Midwifery Care for IUD Acceptors in the Pekan Bada Health Center Work Area, Aceh Besar Regency."

The purpose of this case report is to carry out midwifery care for Mrs F in the Peukan Bada Health Center Area, Aceh Besar Regency, and document it in the form of SOAP. The first care was carried out on February 16, 2025. After data collection was completed, it was found that the mother wanted to use an IUD. The results of the examination were within normal limits. Then the data analysis of P3 Ao Mrs. F aged 30 years old, a candidate for IUD acceptor, the condition is good and has been given care to the mother regarding the use of contraception and types of contraception, and also explained the side effects, effectiveness, and explanation of the use of IUD and the subject understands what is conveyed so that the mother is sure to have IUD installed. Further care will be provided at the mother's next visit, depending on the nature of the problem.

Keywords: Family Planning, IUD, MKJP, reproductive age couple, midwifery role

Introduction

Reproductive health is a state that ensures reproductive functions, especially the reproductive process, can occur in a state of physical, mental, and social well-being, and is not only free from disease or reproductive dysfunction. Reproductive health encompasses not only freedom from disease and disability, but also mental and social well-being related to the reproductive organs, systems, functions, and processes. A fertile couple (PUS) is a married couple whose wife is 25-35 years old,

less than 15 years old, or more than 50 years old but still menstruating (1).

Family Planning (FP) is an action that helps married couples avoid unwanted births, have desired children, and regulate the interval between births. KB is also a conscious process by which couples decide the number and spacing of children to be born and the timing of their births (2).

According to data from the United Nations (UN), the world's population is projected to reach approximately 8.5 billion in 2030 and

around 9.7 billion in 2050. This estimate peaks at around 10.4 billion people in the 2080s and continues to increase until 2100 (3).

According to data from the Indonesian Ministry of Health, in 2022, Indonesia had a population of 280,725,428 people, comprising 141,671,644 males and 139,053,784 females (4). The Central Statistics Agency of Aceh Province has published the results of the 2022 Population Census. The population of Aceh in 2022 was 5,482,530 people, comprising 2,753,180 males and 2,729,350 females. The largest population concentration in Aceh Province is in North Aceh Regency with 642,900 people, followed by Bireuen with 453,240 people and Pidie with 448,090 people. The smallest population is in Sabang City, with 42,890 people (5).

The birth rate in Indonesia has decreased every year over the past four years. In 2020, the rate was 2.18%, and by 2023, it had reduced to 2.14%. This is because a woman only gives birth to two children during her reproductive period. Each woman will give birth to one daughter to continue her generation (6).

Based on the results of the family data collection conducted by the BKKBN in 2022, the number of fertile-age couples (PUS) who are family planning participants in Indonesia in 2022 is 60.4%. Based on the distribution by province, the highest numbers of family planning acceptors are in South Kalimantan (71.2%), East Java (67.5%), and the Bangka Belitung Islands (67.5%) (4).

Based on data from the Aceh health profile in 2022, the number of pill acceptors was 175,543, injection 308,242 acceptors, IUD 26,164 acceptors, implant 23,533 acceptors, condom 37,187 acceptors, MOW 14,450 acceptors, and MOP 146 acceptors (7). Based on data from the Aceh Besar health profile in 2022, there were 10,766 acceptors of the pill contraceptive method, 17,769 acceptors of injections, 3,472 acceptors of IUD, 1,512 acceptors of implants, 1,153 acceptors of MOW, and no MOP (8).

Based on data from the Pekan Bada Health Center in 2022, active family planning participants at the Pekan Bada Health Center in 2022 were: fertile age couples (PUS): 1,407 people, and 84.5% were active acceptors, and 15.5% did not use contraception. The number of condom acceptors was 5.5%, injections 42.3%, pills 27.8%, IUDs 11.9%, MOP 0%, MOW 1.7%, implants 10.8% and MAL 5.1% (8).

The government's current family planning policy is directed at the use of long-term contraceptive methods (MKJP). MKJP is a type

of contraception that can last for 3 to 10 years once used (9). The role of midwives as health workers is at the forefront. Midwives play a crucial role in expanding the scope of use of MKJP through Independent Midwife Practice (PMB), Community Health Centers, and other Family Planning (KB) program activities (10).

The role of midwives in curative actions is to overcome side effects and acceptor complaints by administering drugs. The role of midwives in family planning services includes promotive, preventive, and rehabilitative activities. Promotive efforts in family planning services include providing counseling by midwives to Fertile Age Couples (PUS) in the form of appeals and recommendations to use contraception according to their needs. Preventive efforts include oral birth control services, injections, IUDs, implants, and condoms. At the same time, rehabilitative efforts in family planning services include making improvements to acceptors who have problems after installing contraceptives or referring them to a Health Center or Hospital if they experience dislocation/translocation after installing contraceptives. This illustrates that the authority and role of midwives are inseparable in family planning services (11).

Based on the background description above, the author is interested in conducting a case study to be submitted as a final assignment report (LTA) with the title "Midwifery Care for IUD KB Acceptors in the Pekan Bada Health Center Work Area, Aceh Besar Regency."

Case

This case report was made on Sunday, February 16, 2025, at 10:40 WIB and located in Jeumpet Village, Darul Imarah District, Aceh Besar Regency. The subject is Mrs. F, a 30-year-old woman who lives in Jeumpet Village, Darul Imarah District, Aceh Besar Regency. Subjective data obtained: Mrs. F is a prospective MKJP KB acceptor who already has three children and has never experienced a miscarriage, with no complaints. The subject previously informed that she had used the Pill for 3 years after her third child was born, but she experienced weight gain. The subject wants to space out pregnancies using the Spiral KB. The subject said she has no history of systemic or hereditary diseases.

Objective data obtained from the examination results include: good general condition and compos mentis awareness. Anthropometric examination results: Height: 156 cm, Weight: 87 kg, BMI: 35.74 kg/m². Vital sign examination results: BP: 110/70 mmHg,

pulse: 82 x / minute, respiration: 23x / minute, and Temperature: 36.5 °C. Physical examination results: Eyes: Red conjunctivae and sclerae are not icteric. There is no swelling of the thyroid gland in the neck, no abnormalities, tenderness, and no palpable mass in the abdomen—extremity examination results: no edema and varicose veins in both legs. The assessment results, based on both subjective and objective data, are as follows: Subject with obstetric history P3 Ao, aged 30 years, and a candidate for IUD acceptor.

The planning and management of this case are: 1) Inform the subject of the examination results that the condition is normal and suitable for IUD installation. 2) Provide counseling about contraceptives to delay pregnancy, space pregnancies, and end fertility. 3) Provide counseling about IUD birth control, namely the definition of IUD, the advantages and disadvantages of IUD, how IUD works, the side effects of IUD, and how to install IUD. 4) Conduct medical screening using the KLOP-KB Wheel: the mother's condition is suitable for the installation of the Copper-T IUD. 5) Ask the subject to repeat what has been said by the midwife. 6) The subject understands what has been explained. 7). Help the subject determine the schedule for installing the IUD, and the subject says she wants to install the IUD on February 16, 2025, at 20.33 WIB.

After providing education, the researcher evaluated the subject's understanding of what had been conveyed. The results of the evaluation showed that the subject could repeat what had been transferred by the midwife during care and understood the explanation. An assessment of the midwifery care that had been carried out was carried out on Sunday, February 16, 2025, at 10:40 WIB at the subject's house in Jeumpet village. The subject understood what the research team had conveyed and wanted to have an IUD installed.

Discussion

Pre-installation family planning and midwifery care were carried out at the subject's home in Jeumpet Village, Darul Imarah District, on Sunday, February 16, 2025, at 10:40 WIB. The researcher conducted an anamnesis, and the results showed that the subject was already familiar with family planning. The results obtained were that the subject had previously used contraceptive pills but had gained weight while using the contraceptive. The subject wanted to use a long-term contraceptive, namely an IUD, to

prevent pregnancy soon, and her husband was very supportive of this.

Midwifery care at the first visit was conducted to provide information about contraception, including its definition, purpose, benefits, types, advantages, disadvantages, and how it works. Explaining about the IUD from the definition, advantages, disadvantages, how it works, and side effects clearly and accurately (12). Weight gain in hormonal contraceptive acceptors shows that weight gain varies from one person to another, between <1 and 5 kg in the first year. Weight gain occurs due to increased body fat and not due to fluid retention. The results of the study showed that weight gain during the use of hormonal contraception was more than 2.3 kilograms in the first year and then increased gradually to reach 7.5 kilograms over six years (13).

Side effects of using IUDs are bleeding, menstrual cycle disorders, abdominal pain during menstruation (dysmenorrhea), vaginal discharge, missing threads, complaints during intercourse, menorrhagia, dyspareunia, expulsion, Pelvic Inflammatory Disease (PID) and menometrorrhagia (14).

Physical examination, client screening, and medical services are conducted to determine whether the client is suitable for an IUD. The physical examination of the subject in this case was within normal limits. A medical eligibility screening was carried out using the KLOP Wheel media, and it was found that the subject was eligible to use the IUD contraceptive device. Based on the examination results, a diagnosis was obtained for Mrs. F, a 30-year-old candidate for IUD acceptance, in good general health.

Medical screening is an effort to assess a client's health condition using the Medical Eligibility Criteria for Contraception pie chart, also known as the KLOP wheel (15). The most appropriate choice of contraceptive method from the results of the respondent screening is the IUD.

The husband plays a significant role in choosing the contraceptive device that his wife will use. Following the provisions that the use of contraception is a shared responsibility between men and women as a couple, the contraceptive method that will be chosen must be by the needs and desires of both parties. The role of the husband as head of the family is significant in the use of contraception. The husband can decide on the use of contraception for his wife (16). Based on the first care that has

been given to prospective IUD acceptors, the researcher assumes that prospective acceptors want to use IUDs because they do not want to get pregnant soon. The husband has agreed that his wife will use IUDs on February 16, 2025, at 20.33 WIB at PMB Irayani.

Conclusion

The results of the first care visit: Mrs. F, 30 years old, has three children and has never had a miscarriage, and previously used the Pill. The subject currently wants to use long-term contraception, namely the IUD, because she does not want to get pregnant for a long time. The subject does not have any chronic or hereditary diseases. The mother's vital signs and physical condition are typical, as the subject's condition does not indicate any contraindications; therefore, she can become a suitable candidate for a Copper-T IUD. The subject was given counselling about the IUD and planned the date for IUD installation, which was February 16, 2025, at 10:40 WIB. The provision of midwifery care at the second visit for IUD installation was carried out on February 16, 2025, at PMB Irayani.

The subject came according to the agreed schedule. She and her husband had signed the informed consent form and were ready to have the IUD installed. Examination of vital signs, physical examination, and speculum examination were normal. The midwife showed the device that would be installed on the subject and provided counselling that during the installation process, the subject would feel a little uncomfortable. The installation process went smoothly.

The third post-IUD installation care visit was conducted on March 12, 2025 at the subject's home. She said that after the installation, there were no complaints, and the mother said that she had menstruated 7 days ago. Vital signs were normal. The midwifery care provided at the third visit was how to check the threads independently and remind the subject to visit a health facility if there were complaints.

Ethics approval

The prospective IUD acceptor subjects and witnesses sign informed consent before care is provided.

Conflict of interest

None

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Authors' Contribution

- 1st : Prepare research proposals, conduct research, and complete final reports
- 2nd : Guide the preparation of proposals and final reports, and supervise the provision of care in the field
- 3rd Guide the preparation of proposals and final reports, and supervise the provision of care in the field
- 4th: Finalize the manuscript and translate it into English

References

1. Akbar. H, Qasim M, Hidayani WR, et al. *Teori Kesehatan Reproduksi*. Yayasan Penerbit Muhammad Zaini; 2021. <https://books.google.co.id/books?id=ZY05EAAAQBAJ>
2. Primadewi K. *Asuhan Kebidanan Komprehensif Pada Kehamilan Dengan Jarak Kurang Dari 2 Tahun*. (Widyawaty eka deviany, ed.). Rena Cipta Mandiri; 2023. <https://books.google.co.id/books?id=QsHDEAAAQBAJ>
3. Nations U. *World Population Prospects 2022*.; 2022. www.un.org/development/desa/pd/.
4. Kemenkes RI. *Profil Kesehatan*.; 2023.
5. Dinkes Aceh. *SDMK (Sumber Daya Manusia Kesehatan)*. 2023;(6):63-89.
6. Milda Nur Risma Abdah, Fatimah Aqilah Ichtari, Anisara Aulia. *Proyeksi Penduduk Menuju Indonesia Emas Tahun 2045 Melalui Penerapan Teori Malthus*. *J Arjuna Publ Ilmu Pendidikan, Bhs dan Mat*. 2023;2(1):15-29. doi:10.61132/arjuna.v2i1.375
7. Hanif et al. *Profil Kesehatan Aceh 2022. Enabling Breastfeeding*. Published online

- 2023;1-10.
8. Dinas Kesehatan Kabupaten Aceh Besar. Profil Kesehatan Kabupaten Aceh Besar. Published online 2023. https://dinkes.acehbesarkab.go.id/media/2024.07/profil_dinkes_kab_aceh_besar_20231.pdf
9. Fajrin DH, Astuti ACP, Hubaedah A, et al. *Kupas Tuntas Ginekologi Dan Infertilitas*. Rena Cipta Mandiri; 2023. <https://books.google.co.id/books?id=T7LJEAAAQBAJ>
10. Adolph R. Optimalisasi praktik mandiri bidan dalam upaya meningkatkan pelayanan metode kontrasepsi jangka panjang melalui pelatihan bidan. Published online 2025;1-23.
11. Kautzar, Adawiyah, Fahriani, et al. *Kesehatan Perempuan Dan Keluarga Berencana*. Yayasan Penerbit Muhammad Zaini; 2021. <https://books.google.co.id/books?id=pEZFEAAAQBAJ>
12. Wahyuni C, Kurniawati I, Chairiyah R, et al. *Buku Ajar Pelayanan Keluarga Berencana*. Mahakarya Citra Utama Group; 2023. <https://books.google.co.id/books?id=fc7DEAAAQBAJ>
13. Rambe NL. Perubahan berat badan akseptor KB Implant, suntik dan pil di Wilayah kerja puskesmas. 2020;6(1):1-5.
14. Dewi IN, Sambas EK, Hersoni S. Gambaran Efek Samping Penggunaan Alat Kontrasepsi Dalam Rahim Pada Pasangan Usia Subur. *J BTH Nurshing*. 2021;1(1):42-53. https://www.ejurnal.stikes-bth.ac.id/index.php/P3M_JBN/article/view/669
15. BKKBN. Modul Pelatihan Bagi Pelatih. 2021;6 (7)(Pelayanan KB):86-193.
16. Adawiyah N, Rohmah S, Kebidanan PSD iii, Kesehatan FI, Galuh U. Gambaran peran suami dalam pemilihan alat kontrasepsi di PMB Bidan Elis Yanti S Kabupaten Tasikmalaya. 2021;3(1):13-18.