



Nursing Theory Application of Need for Help Wiedenbach and Social Support in Pregnant Women with Incomplete Abortion

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ABSTRACT

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The research purpose to apply Wiedenbach's Need For Help and Social Support Theory in incomplete abortion nursing care. This research method was a descriptive study to describe the application of nursing theory in cases of incomplete abortion. The results of this research explain that the theory of need for help is suitable for use in acute conditions of incomplete abortion patients due to abdominal pain and bleeding, while the *social support* theory is used in fulfilling the psychological intervention of patients because of the anxiety or fear they experience. The conclusion of this study that the use of social support theory can improve the provision of nursing care by applying the theory of need for help to clients with incomplete abortion.

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1. Introduction

Pregnancy is one of the most coveted things and is considered to fulfill women's life as a human being. During pregnancy there are many changes, both biological and psychological, which are natural conditions. However, pregnant women are very at risk of experiencing complications or unwanted complications. Based on the 2015 MDGs achievement report, bleeding and complications of abortion are still the direct causes of maternal death which can be related to pregnancy complications [1]. Several other studies have shown that of the total pregnancies studied, 21% experienced bleeding before twenty weeks of gestation, 57% of whom experienced abortion. Based on the total number of abortions, 80% occurred before twelve weeks of gestation and 20% occurred between twelve to twenty weeks of gestation [2].

Given the high percentage of bleeding occurrences in the first trimester of pregnancy, the incidence of abortion needs to get special treatment that involves all parties. Health workers as one of the responsible parties need to consider the incidence of vaginal bleeding in the first trimester of pregnancy as a risk factor that affects the outcome of pregnancy so that the right type of pregnancy examination and management can be decided [6],[7].

The role demands require nurses to perform their functions independently in providing nursing care to patients by applying Wiedenbach's need for help theory of nursing and Marjorie A. Schaffer's social support theory on nursing care for mothers with incomplete abortion [3].

2. Research Methods

The type of research was a case study of the application of Wiedenbach's Need for Help theory and Social Support in cases of incomplete abortion in accordance with the stages of nursing care, namely assessment, determination of nursing diagnoses, intervention, implementation and evaluation [4]. This research method was descriptive, which was a method that was carried out with the main objective of making a picture or description of a situation objectively and focusing on certain objects [5].

3. Research Result

Wiedenbach's Need for Help theory application and Social Support in providing nursing care to Mrs. R who had an incomplete abortion. In this section, the author will discuss the aspects of assessment, diagnosis, nursing planning, nursing implementation, and nursing evaluation of the case that the author selected.



3.1 The assessment stage

Mrs. R 23 years old with G1 P0 A0 10 weeks pregnant, junior high school, housewife, Sundanese, Muslim, first married, age of marriage 4 months. Mr. A 30 years old, high school, factory employee, Javanese, Islam married twice. According to the client last night at 20.00 pm (22 September 2019), a little blood came out from the genitals followed by lower abdominal pain after finishing homework, until 05.00 am (23 September 2019) the client had changed pads 4 times but each sanitary napkin was not full at 5:30 a.m., lower abdominal pain became more frequent, like being squeezed, followed by clotted blood like chicken liver that smelled fishy, before going to the hospital the client had changed his sanitary napkin 3 full times. The client and husband go directly to the Emergency room Sawerigading Hospital and the client is taken directly to the delivery room after being placed with the 16 tpm RL infusion.

At the identification stage the nurse conducts an assessment and gets subjective and objective data. Subjective data at the pre-curettage stage is that the client says that currently he feels lower abdominal pain on a scale of 6, like being squeezed. According to the client, the blood is still bleeding, especially when moving. The client stated that the pregnancy was currently being planned by her and her husband, did not know the condition being experienced and the next management and wanted to be accompanied by her husband in the action room. Meanwhile, in the post-curette stage, the client says that he is still weak and dizzy, low abdominal pain is like being squeezed and the perineum feels sliced on a scale of 3, the duration is continuous. The client said he was sad about the miscarriage and said he was sorry "if I were not tired, I would not have had a miscarriage". The client also asks about the possibility of a further pregnancy and how to prevent a recurrent miscarriage.

The pre-curette objective data obtained were HPHT: 10 July 2019 TP: 17 April 2020, TD: 110/70 mmHg N: 94x / min, S: 36.70C, P: 20x / min, TFU: not palpable, negative DJJ. The results of the internal examination showed that the portio opened 1 loose finger, the results of the conception were felt in the internal ostium, there was tenderness. Hb laboratory results: 10.7 gr / dl, positive pregnancy test. Ultrasound examination showed an intra-uterine pregnancy, the impression of incomplete abortion. R will undergo a curette procedure. Hospital policy does not allow family members to accompany in the action room, especially if the patient is in an emergency condition. In the post-curette stage, a post-curette client with TIVA propofol was found, there were blood spots on the pampers, the client was still lying down.

3.2 Nursing diagnoses

At the ministrant stage, the nurse determines nursing diagnoses, intervenes and implements independently and collaboratively. There are three nursing diagnoses at the pre-curettage stage, namely 1) risk of fluid volume deficit associated with vaginal bleeding, 2) acute pain associated with uterine contractions, 3) anxiety related to crisis situations / ignorance of the treatment program. Meanwhile, at the post-curettage stage, there are four nursing diagnoses, namely 1) risk of fluid volume deficit associated with vaginal bleeding, 2) acute pain associated with uterine contractions and uterine tissue irritation, 3) grieving associated with fetal loss. Meanwhile, the identified welfare diagnosis two hours after curettage is 4) active desire to seek correct information about post-abortion health care[4].

3.3 Nursing Interventions

Nursing actions taken to diagnose the risk of deficient fluid volume associated with vaginal bleeding are assessing the amount of bleeding on the client's dressings and linens to assess the amount, type, color, assess the client's level of awareness, measure vital signs, assess uterine contractions, perform internal examinations. To assess portio, advise clients to rehydrate orally by drinking enough, including: sweet and warm tea, fluids containing electrolytes and plain water to replace lost body fluids, ensure patency of intravenous fluids, replace sanitary napkins and cloth soaked with blood and estimate the amount of bleeding that comes out, collaborative laboratory tests of complete blood and ultrasound, preparation of the client for curettage such as shaving the pubic area, help the client empty the bladder by using a bedpan potty, re-monitor bleeding, level of awareness and vital signs before the client delivered to the operating room, collaboration with 1 gram of anbacim antibiotic.

Nursing actions taken to diagnose acute pain associated with uterine contractions include: Comprehensive pain assessment by recording complaints, pain location, frequency, duration, and



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intensity (scale 0-10) and pain relief measures performed by the patient, observing the general condition and vital signs, giving clients the opportunity to express their feelings about the severity of their pain, teaching non-pharmacological pain reduction techniques, namely deep breath relaxation techniques, where clients are taught to inhale deeply through the nose and exhale slowly through the mouth and also teaches distraction techniques, recommends changing positions according to the comfort of the client, informing about the cause of pain felt by the client because of the remaining results of the conception that are still in the uterus which makes the uterus try to remove it by contracting, giving praise to the client's ability to tolerate pain, helping to meet the client's important self-care needs such as changing the client's blood-soaked sanitary napkins and cloths, collaboration of providing analgesics, namely pronalges supp.

Nursing actions taken to diagnose anxiety related to crisis situations and ignorance of the treatment program are to assess the patient's level of anxiety and the efforts the patient can make to overcome it (coping), assess the patient's response to his condition and his actions, inform the client that the diagnosis and follow-up which will definitely be known after further examinations such as ultrasound and blood tests,urine, asking for approval of curettage to the family, especially the husband, motivating clients to always use deep breath relaxation techniques to provide calm, help meet client needs during treatment such as changing sanitary napkins and cloths getting wet with blood, giving drink, accompanying to the bathroom (instrumental support), accompanying the client when the procedure is performed and providing information about the rationale for the action given, the client's motivation to always use breathing relaxation techniques. m to provide calm, listen to complaints and answer client questions in a friendly and polite manner (emotional support), inform clients that there is a hospital policy that does not allow families to accompany clients in the action room in emergency conditions, inform that family members are waiting for clients outside the room and is taking care of the administration and other client needs such as buying medicine, encouraging him to get closer to God by praying and doing istighfar (information support), providing positive reinforcement on the client's ability to use relaxation techniques and working together in treatment (appreciation support), coordinating with the health team others such as doctors and midwives in providing information about incomplete abortion and its management, namely curettage to clients and their families, especially husbands.

Nursing action in the diagnosis of grieving associated with the loss of a fetus is to orient the client and family to real conditions so that the client and family are aware of the loss of the fetus (nurse instrumental support). Give the client and family the opportunity to express their feelings and sadness due to the loss of the fetus, listen to the expressions of the client and family with full empathy and sincerity, accompany the client, provide reinforcement and motivate the family to accompany the client, help the client and family find the meaning of this event by spiritual approach, give time for clients and family members to discuss with each other, explore each other's feelings and provide mutual reinforcement (emotional support). Provide information to family members regarding conditions experienced by clients, provide opportunities for clients and families to ask questions about things that are not clear related to the conditions experienced by clients and provide clear information regarding the client's condition (Information support).

Nursing action in the diagnosis of welfare active desire to seek correct information about post-abortion health care is to assess client and family knowledge about post-abortion care, preparation for pre-conception and pregnancy care, assess the existence of cultural beliefs that support and conflict with health (Instrumental nurse support) .

Involve family members, especially husbands when providing information related to post-curettage care and planning for the next pregnancy (emotional support). Teach and motivate clients to do personal hygiene properly at home, explain to clients and families about the importance of contraception and the types of contraception that can be used to spacing pregnancies so that the uterus can heal optimally before another pregnancy occurs, explain the danger signs after curettage that should be treated immediately, including continued bleeding and severe abdominal pain, fever, foul-smelling discharge from the vagina, the motivation of clients and husbands to immediately decide and use family planning after abortion, explain the preparation for a healthy pregnancy from a physical perspective, among others nutritional needs, rest and activity as well as mental readiness for both the wife and husband to have another child, provide information about the drugs given in terms of dosage, time to drink, function and should be spent, especially antibiotics, explain the



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importance of control 1 week after abortion (Information support). Provide positive reinforcement of the client and family's desire to find out about planning the next pregnancy (Support appreciation).

4. Discussion

4.1 Nursing Implementation

After the intervention is determined, the nurse implements nursing to achieve the expected goals. After the implementation is complete, the next stage is the validation stage. Validation of the diagnosis of the risk of fluid volume deficit associated with vaginal bleeding with subjective data (S), the client says that currently he still feels blood flowing from the genitals, especially when moving, objective data (O) Looks red blood on the bandage, the client does not show signs of shock such as cold akral and decreased blood pressure, clients drink water 100 cc + RL 50 cc of fluid, BP: 110/70 mmHg, N: 84x / min, S: 36.70C, warm roots, awareness of mental compost, weak condition, lab results blood Hb : 10.7 g / dl, Ht: 34.1%, leukocytes 9.9 thousand / UL, 33.1, HBsAg: non reactive, GDS: 99 mg / dl, positive pregnancy test, USG: anteflex uterus , endometrium, visible mass, firm boundaries, mass size 19x35mm from the rest of the conception, right and left adnexes normal size, incomplete abortion impression, inspeculo results: open external uterine ostium, slippery portio, visible blood flowing from uterine ostium, deep examination after inspection : portio open 1 finger loose, palpable the rest of the conception and issued for the size of a marble seed, the client is installed with an infusion line in his left hand with RL 16 tpm, analysis (A) the problem has not been resolved and planning (P) is that the client will undergo a curette at 09.30 am.

Diagnosis of acute pain associated with uterine contractions and irritation of uterine tissue with subjective data (S), the client said that the pain was reduced by deep breathing relaxation, objective data (O) BP: 110/70 mmHg, N: 84x / min, S: 36,70C , warm akral, awareness of compost mentis, weak condition, the client seems to occasionally change his position, the client is still holding his stomach with a grimace in pain, sweat appears on the forehead and neck, the client is able to demonstrate deep breathing relaxation techniques that are taught, the client gets the client to get pronalges supp, Analysis (A) of subjective and objective data is that the pain has not been resolved and the planning (P) is to motivate clients to continue using deep breath relaxation techniques.

The diagnosis of anxiety is related to the crisis situation / ignorance of the treatment program with subjective data. RS, the client said he was sad about this miscarriage because the current pregnancy was very much expected, the husband said it might not be his luck, maybe this was the best for us as a family, the client asked about the possibility of a next pregnancy and what to do to avoid another miscarriage, objective data (O) The client begins to calm down and practice deep breathing relaxation techniques if pain occurs, the husband provides informed consent for curettage, the client appears to be taking occasional breaks, analysis (A) of subjective and objective data is that anxiety is resolved and planning (P) is that the client is prepared. to undergo a curette recommends family members, especially husbands, to meet clients before the curette action is carried out to pray together before the client is escorted to the operating room to be curretted.

The diagnosis of grief related to the loss of the fetus with subjective data (S) is that the client says calm down after being curretted, the client says that he is sad about the miscarriage but what can I do, let me be the same as above (God), the client's husband also says maybe this is the best for our family. God will not give trials beyond the ability of his people, objective data (O) is that the client can express his feelings and accept the loss of his fetus, analysis (A) is a problem resolved, and planning (P) is the motivation of the family to continue to provide support if the client has returned home , encourage the family not to reveal about this miscarriage again after the client is at home.

The diagnosis of active desire in seeking correct information about post-abortion health care is subjective data (S) is that the client says he is grateful for the treatment given, objective data (O) is that the client looks happy, the client gets the oral drug Anbacin 3x1, Tab methergin 3x1, Mefenamic Acid Tab 3x1, SF tab 2x1, Metronidazole Tab 3x1, the client chose the contraceptive injection 3 months before going home, analysis (A) was a problem resolved and planning (P) was reminded about the control schedule, the IV Line is removed, the identity bracelet is removed, the



client goes home at 11.00 WIB, reminds the client and family about the information provided before the client leaves.

4.2 Nursing Evaluation

Nursing evaluation after nursing action is carried out from a physical perspective in cases of incomplete abortion, where the rest of the conception is immediately removed and the client does not show signs of complications after curettage. Meanwhile, from a psychological point of view, clients can use adaptive coping during treatment, get assistance from nurses and families and get information about post-curette self-care and preparation for the next pregnancy.

4.3 Weaknesses Theory

The application of Wiedenbach's need for help theory is very suitable for incomplete abortion because the client needs immediate help. However, there are weaknesses in the application of Wiedenbach's need for help theory, namely that in an emergency situation, the main focus of client handling is to stabilize their physical condition without neglecting the psychological response which is generally anxiety. It's just that in this condition of anxiety, often overlooked aspects of support and assistance to clients which have an impact on the ineffectiveness of the client's coping in undergoing his treatment. So that a mentoring role is needed by nurses in the action room to provide social support for clients because in some hospitals, they have not allowed assistance to family members when handling clients in emergency conditions. The role of family assistance can be given if the client's condition is stable in the treatment room.

4.4 Strengths Theory

The application of the need for help theory combined with the social support theory is used both in the pre-curette and post-curette stages. In the pre-curette stage the nurse provides intervention, collaborates and becomes the client's social support agent. Meanwhile, at the post-curette stage, the nurse optimizes family assistance as a form of social support for clients through family involvement in caring for and meeting client needs. The use of social support theory can improve the provision of nursing care by applying the theory of need for help to clients with incomplete abortion.

5. Conclusions

The bleeding that occurs can cause the client to experience a risk of fluid volume deficit which, if not resolved, can result in hypovolemic shock. Clients with abortion conditions require physical needs to be addressed immediately. Clients also need psychological support related to anxiety about the condition and actions of termination of pregnancy with curettage, sadness due to the loss of the fetus and the need for information and knowledge related to post-abortion care. Resident applies need for help theory and social support theory in providing nursing care with incomplete abortion. Both of these theories are used to provide comprehensive care for clients with incomplete abortion. Clients with abortion need immediate action to deal with the bleeding and pain they feel with the application of the Need For Help theory besides the presence of bleeding, generally it will cause anxiety and feelings of uncertainty, especially for clients who are first admitted to the hospital and pregnancy is very desirable so that in helping to deal with identified physical and psychological problems, social support from health workers and family members is needed. So the Social Support theory was chosen to be combined with the Need For Help theory.

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