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The Management of Midwifery Care on Mrs. "H" 19 Years Old GIP0A0 Gestational Age 11 Weeks 3 Days with Incomplete Abortion at Pringsewu Regional General Hospital

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A B S T R A C T

Incomplete abortion is bleeding from the uterus in less than 20 weeks of pregnancy, accompanied by some of the products of conception that have come out of the uterine cavity, and some are still left behind. Methods The research design is descriptive quantitative observational with the type of Case Report (CARE). This study aims to carry out the Management of Midwifery Care on Mrs."H" 19 Years Old GIP0A0 Gestational Age 11 Weeks 3 Days with Incomplete Abortion at Pringsewu Regional General Hospital in 2017 by applying Varney's 7 steps and midwifery's documentation done in the form of SOAP (Subjective, Objective, Assessment and Plan). Results A case study was conducted on Mrs."H" with a diagnosis of incomplete abortion based on comprehensive anamnesis and physical examination data. Mrs."H" came to the Pringsewu Regional General Hospital with the main complaint of bleeding in the form of spots from the birth canal since February 15th, 2022. Then, on February 16th, 2017, there was bleeding in the formation of clots from the birth canal. The patient looks weak, conscious composmentis, blood pressure 130/80 mmHg, pulse 80 beats/minute, respiratory 20 breaths/minute, body temperature 36.5ºC, fundal height 2 fingers above the symphysis pubis, Ostium Uteri Externum/ Ostium Uteri Internum is closed. Ultrasound examination with residual tissue impressions, anteflexed uterus, and Femur Length (-), it is possible that an incomplete abortion will occur. On Mrs."H," a curettage was carried out. On the first-day post curettage, the patient's condition began to improve, there was still bleeding from the vagina, and there was still tenderness in the lower abdomen, and no obstacles were found during the procedure. Conclusion Based on the results of a case study with Varney's 7 Step Midwifery Care Management and documentation in the form of SOAP used in the process of resolving obstetric problems that occurred in Mrs."H," it can be concluded that Mrs "H" was diagnosed with incomplete abortion and curettage was carried out as a form of management of incomplete abortion cases

Kata kunci:

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A B S T R A K

Abortus inkomplit merupakan perdarahan dari uterus pada kehamilan kurang dari 20 minggu disertai sebagian hasil konsepsi telah keluar dari kavum uteri dan masih ada yang tertinggal. Metode Desain penelitian ini adalah observasional kuantitatif deskriptif dengan jenis Case Report (CARE). Penelitian ini bertujuan untuk melaksanakan Manajemen Asuhan Kebidanan Pada Ny "H" 19 Tahun G1P0A0 Usia Kehamilan 11 Minggu 3 Hari Dengan Abortus Inkomplit di Rumah Sakit Umum Daerah Pringsewu Tahun 2017 dengan menerapkan 7 langkah Varney dan pendokumentasian kebidanan dilakukan dalam bentuk SOAP (Subjective, Objective, Assessment and Plan).

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Hasil Studi kasus yang dilakukan pada Ny "H" dengan hasil diagnosis Abortus Inkomplit berdasarkan data anamnesis dan pemeriksaan fisik yang dilakukan secara komprehensif. Ny "H" datang ke Rumah Sakit Umum Daerah Pringsewu dengan keluhan utama keluar darah berupa flek dari jalan lahir sejak tanggal 15 Februari 2022. Kemudian, pada tanggal 16 Februari 2017 terjadi perdarahan berupa gumpalan dari jalan lahir. Pasien tampak lemah, kesadaran komposmentis, tekanan darah 130/80 mmHg, nadi 80 kali/ menit, pernapasan 20 kali/ menit, suhu 36.5ºC, Tinggi Fundus Uteri 2 jari di atas simpisis pubis, Ostium Uteri Eksternum/ Ostium Uteri Internum tertutup. Pemeriksaan USG dengan kesan sisa jaringan, uterus antefleksi, Femur Length (-), sangat mungkin terjadinya abortus inkomplit. Pada Ny "H" dilaksanakan tindakan kuretase. Pada hari pertama post kuretase, keadaan pasien mulai membaik, masih terdapat pengeluaran darah dari vagina dan masih ada nyeri tekan pada perut bagian bawah dan tidak ditemukan hambatan pada saat pelaksanaan tindakan. Kesimpulan Berdasarkan hasil studi kasus dengan Manajemen Asuhan Kebidanan 7 Langkah Varney dan pendokumentasian dalam bentuk SOAP yang digunakan dalam proses penyelesain masalah kebidanan yang terjadi pada Ny "H", maka dapat disimpulkan bahwa Ny "H" ditegakkan diagnosa abortus inkomplit dan dilakukan tindakan kuretase sebagai bentuk tatalaksana dari kasus Abortus Inkomplit

INTRODUCTION

Based on the World Health Organization (WHO) report 2014, the causes of maternal death in the world are pre-existing conditions (28%), hypertension in pregnancy (14%), complications of abortion (8%), bleeding (27%), infection (11%), prolonged labor and others (9%) and blood clots/ embolism (3%) (WHO, 2015).

Based on the Inter-Censal Population Survey (SUPAS) results, the Maternal Mortality Rate (MMR) in 2015 was recorded at 305 per 100.000 live births; MMR decreased from 4.999 cases in 2015 to 4.912 cases in 2016 and 1.712 cases in 2017. The causes of maternal death were bleeding (35.2%), hypertension (27.1%), infection (7.3%), prolonged labor (1.8%), and abortion (4.7%). The Sustainable Development Goals (SDGs) target in 2030 is to reduce MMR to below 70 per 100.000 live births (Kemenkes RI, 2017).

Abortion is still a big potential problem in obstetric services because it is one of the causes of maternal and fetal death to date. According to WHO data, the MMR due to abortion is still as much as 15-50% of deaths. The abortion rate is higher in developing areas than in developed regions. WHO estimates that there are around 4.2 million abortions every year in Southeast Asia, namely 1.3 million in Vietnam and Singapore, between 750.000 and 1.5 million in Indonesia, 155.000 to 750.000 in the Philippines and 300.000 to 900.000 in Thailand, it is estimated that abortion cases in Indonesia reach 2.3 million cases annually (WHO, 2016).

In Indonesia, there were as many (1.6%) cases of abortion out of 359 per 100.000 live births, which were MMR in 2012. Another cause of issues of maternal death in Indonesia in 2012 was caused by 30.1% cases of bleeding, 26.9% cases of hypertension, 5.6% cases of infection, 1.8% cases of prolonged labor, and 34.5% with other cases (BPS, BKKBN, Kemenkes & ICF, 2013).

The incidence of abortion in Lampung Province in 2014 reached (3%) of the 100% MMR in Lampung Province. Cases of maternal death in Lampung Province were also caused by other problems, including bleeding (30%), eclampsia (25%), infection (6%), and (36%) of other cases (Dinkes Provinsi Lampung, 2015).

According to data from the Obstetric-Gynecology Medical Record at the Pringsewu Regional General Hospital, a type C referral hospital in Pringsewu Regency, Lampung Province, data were obtained for the last 3 years about the incidence of abortion. In 2013, there were (212 cases) of abortions. In 2014, there was a decrease in abortions (206 cases). In 2015, there was a decrease of 32% in the incidence of abortion from the previous year (140 cases) of abortions. In 2017 for the period January 19th - February 22th, there were (5 cases) abortions. From the 5 cases of abortions, it turned out that 1 case (16.6%) was a missed abortion, 1 case (16.6%) was an imminent abortion, and 4 cases (66.6%) were incomplete abortion cases (Pringsewu Regional General Hospital, 2017).

Abortion is a threat or expulsion of the products of conception before the fetus can live outside the womb, which is one of the concerns for pregnant women as a limitation is pregnancy <20 weeks or fetal weight <500 grams (Prawirohardjo, 2014; Maryunani, 2016). Abortion events can have dangerous effects such as bleeding, anemia, infection, perforation due to curettage, shock, and psychological impact on the mother. In particular, in cases of incomplete abortion, bleeding will continue so that it can cause coagulation disorders (Disseminated Intravascular Coagulation) which will eventually lead to anemia and even death (Rukiyah & Yulianti, 2016).

Incomplete abortion is a pregnancy associated with vaginal bleeding, dilatation of the cervical canal, and discharge of products of conception. Patients generally feel intense cramps, and vaginal bleeding is weighty. The patient can describe that tissue has come out, or the examiner can observe evidence that tissue has come out in the vagina. An ultrasound examination may show that some of the products of conception are still in the uterus. On examination, the size of the uterus is smaller than the gestational age, and the cervical canal is still open, the tissue is palpable/protrudes at the Ostium Uteri Eksternum (OUE), and bleeding can be a little to a lot depending on the remaining tissue. The patient may develop anemia or hemorrhagic shock before the

remnants of conception are expelled. Management of the patient first pays attention to the general condition. It overcomes disturbances in the dynamics of blood flow. It is followed by referral to establish a clinical diagnosis (through ultrasound if needed) and careful curettage according to the general condition and size of the uterus (Putri & Fajriah, 2020).

Based on the background of the problems above, it can be seen that the incidence of incomplete abortion cases at the Pringsewu Regional General Hospital is still high. Thus, the authors are interested in researching "The Management of Midwifery Care on Mrs.″H″ 19 Years Old G1P0A0 Gestational Age 11 Weeks 3 Days with Incomplete Abortion at Pringsewu Regional General Hospital" because early treatment by health workers is needed, especially as a midwife.

METHODS

This study uses a descriptive quantitative observational research design with *Case Reports* (CARE), which describe a patient case problem that is considered to have a scientific value. This study directed the use of a systematic method through the stages of observation, data collection, information analysis, and results reporting. The cases in this study do not represent the population and are not intended to conclude a population. The case report in this study uses the Midwifery Care Management process approach according to Varney's 7 steps and documentation in the form of SOAP (Subjective, Objective, Assessment, and Plan). The subject in this study was Mrs.″H″ 19 years old, G1P0A0, gestational age 11 weeks 3 days with incomplete abortion at Pringsewu Regional General Hospital, Lampung Province, in 2017.

RESULTS AND DISCUSSION

This research was conducted at the Pringsewu Regional General Hospital on February 16th – March 18th, 2017, regarding the Management of Midwifery Care on Mrs.″H″ 19 Years Old G1P0A0 Gestational Age 11 Weeks 3 Days with Incomplete Abortion at Pringsewu Regional General Hospital in 2017. This discussion was made based on a theoretical basis to facilitate and understand between the discrepancies and suitability that occur in this case are based on the midwifery care approach with Varney's 7 steps, namely: Collection of Basic Data; Interpretation of Basic Data; Identification of Diagnoses or Potential Problems and Anticipating; Identity and Determining Needs Requiring Immediate Handling for Consultation, Collaboration with Health Workers Others Based on the Patient's Condition; Comprehensive Care Plan; Implementation of Planning and Execution; and Evaluation.

The following is a description of the discussion based on each step of Varney's 7 steps:

Step I: Basic Data Collection

Identification of primary data is a midwifery management process that is carried out through assessment by collecting all the data needed to evaluate the patient's condition thoroughly, i.e., anamnesis, namely obtaining subjective data from patients through biodata, menstrual history, medical history, history of pregnancy, childbirth, postpartum, bio-psycho-spiritual and patient knowledge. A physical examination as needed and examination of vital signs. Special examinations, namely inspection, palpation, auscultation, and percussion. Review recent notes or previous notes. Supporting examinations in the form of laboratory tests (Hindratni et al., 2022).

At this stage, the identification of primary data is carried out, which is intended to collect information both physically, psychosocially, and spiritually. Data collection was carried out through anamnesis, which included biodata aimed at clarifying the patient's identity, menstrual history, medical history, current pregnancy history, and psychosocial history to obtain information about complaints commonly experienced by mother and particular concerns that arise as a result of psychological and psychological changes.

Physical examination according to needs and examination of vital signs as well as special examinations, which include inspection checks to observe the mother's appearance, emotions, and attitudes. Palpation is an examination by feeling. Auscultation aims to determine the gestational age and the state of the fetus in the womb and encourages determining the fetus's position.

Supporting examinations are laboratory tests and ultrasounds. The study, in this case, was followed by curettage planning. At this stage, it is due to the mother's response in providing information as well as the family, midwife, and treating doctors so that the writer can quickly obtain the desired data. The data obtained is focused on the patient's problems, so the intervention is also more focused according to the patient's condition.

In this case, the patient has a name with the initials Mrs.″H″ 19 years old, GIP0A0, gestational age 11 Weeks 3 Days. The patient's last education was Junior High School. The patient is a housewife. Came to the hospital on February 16th, 2017, with complaints of weakness, seemed restless, and felt pain in the lower abdomen and bleeding in the form of spots from the birth canal since February 15th, 2017. Then, on February 16th, 2017, at 01.00 PM, bleeding resulted from blood clots from the birth canal.

Based on the literature review, it was stated that the signs and symptoms of incomplete abortion were in the form of a lot or minor vaginal bleeding accompanied by heartburn or abdominal pain, heartburn (contraction) that was getting worse, the Ostium Uteri Eksternum (OUE) was closed, or the cervix was open. On vaginal examination, found the tissue that could be felt in the uterine cavity or sometimes protruding from the external or part of the tissue came out; in a recent abortion, it was found that when the cervix was open, the uterus was smaller than it should be, the bleeding would not stop before the rest of the fetus was expelled and can potentially cause shock (Maryunani, 2016).

Based on the case study on Mrs.″H″, the data obtained from the results of the assessment or anamnesis of the physical examination obtained composmentis awareness, general state of weakness, blood pressure 130/70 mmHg, pulse 80 beats/minute, respiratory 20 breaths/minute, and body temperature 36.5°C. Weight before pregnancy 38 Kg, weight after pregnancy 36 Kg, height 141 cm, Mid Upper Arm Circumference (MUAC/ LiLA) measurement 22.5 cm. The shape of the head is mesochepal, the hair's condition is clean, and the scalp's condition is without abnormalities and tenderness. The facial expression looked worried; there was no chloasma gravidarum, edema, and swelling on the face. Both eyes are symmetrical, the conjunctiva is not anemic, and the sclera is not icteric. No polyps in nose. No excessive or abnormal cerumen in the ear. Lips are not cyanotic, have

no stomatitis, and have no dental caries. There is no enlargement of the thyroid gland, lymph, and jugular veins, and the breasts appear symmetrical; there is hyperpigmentation of the areola mammae. There is no enlargement of the lymph nodes. There is no linea alba-nigra-striae gravidarum on the abdomen. There is vaginal discharge (blood), no enlargement, and Bartholin's gland abscesses. Symmetrical upper extremities and no edema. Symmetrical lower extremities, no edema, patella reflex (+), and varicose veins (-). On anal examination, there were no hemorrhoids. Symmetrical lower extremities, no edema, patella reflex (+), and varicose veins (-). On anal examination, there were no hemorrhoids. Symmetrical lower extremities, no edema, patella reflex (+), and varicose veins (-). On anal examination, there were no hemorrhoids.

First Day of the Last Menstrual Period (LMP/ HPHT) on November 29th, 2016, with a gestational age of 11 weeks 3 days. The patient said that blood had come out in the form of spots from the birth canal since February 15th, 2017; on February 16th, 2017, at 01.00 PM, blood came out in the form of clots from the birth canal, lower abdominal pain. In laboratory examinations, standard routine blood tests were found: Hemoglobin (HGB) 13.2 gr%, Red Blood Cell (RBC) 4.42 x 10^6/uL. Platelets (PLT) 257 x 10^3/uL. Hematocrit (HCT) 42.3%, blood type A Rhesus positive (Rh+), Plano test positive (+), and on obstetric examination palpable ballottement, TFU (2 fingers above the symphysis pubis), and on examination in the Ostium Uteri Eksternum (OUE) / Ostium Uteri Internum (OUI) was closed. On ultrasound examination, it was found that the remaining tissue looked like an anteflexed uterus, with Femur Length (FL) negative (-).

The patient only made 3 Antenatal Care (ANC) visits in the first trimester of pregnancy at the Independent Midwife Practice (PMB). The first visit was on January 14th, 2017, with complaints of dizziness, weakness, nausea, and vomiting. The second visit was on January 24th, 2017, with complaints of typhoid fever. The third visit was on February 16th, 2017, with complaints of bleeding in the form of clots from the birth canal. The patient never experienced trauma during pregnancy. The patient had no history of heart disease, asthma, hypertension, tuberculosis, kidney disease, diabetes mellitus, malaria, and HIV/AIDS. History of drug consumption during pregnancy is a supplement for pregnant women consisting of components of vitamin B1, vitamin B2, vitamin B3, vitamin B5, vitamin B6, vitamin B12, folic acid, manganese sulfate, ferro gluconate, calcium carbonate, and sorbitol, then the patient also consumes blood booster tablets (ferrous sulfate/ FE), vitamin C. During pregnancy, the patient's nutritional pattern is fulfilled quite well. The rest pattern is quite good, the elimination pattern (defecation and urination) is good, the patient's activity pattern is only as a housewife, the patient has an excellent personal hygiene pattern, and the patient had no history of sexual intercourse before bleeding from the birth canal occurred. The patient said her husband and family supported her and happily accepted her first pregnancy. The patient lives at home only with her husband. Personal hygiene patterns are good, and the patient has no history of sexual intercourse before bleeding from the birth canal. The patient said her husband and family supported her and happily accepted her first pregnancy. The patient lives at home only with her husband. Personal hygiene patterns are good, and the patient has no history of sexual intercourse before bleeding from the birth canal. The patient said her husband and family supported her and happily accepted her first pregnancy. The patient lives at home only with her husband.

Based on the description, there are similarities between the theory and the signs and symptoms that arise in cases of incomplete abortion. It proves that there is no gap between theory and cases.

Step II: Basic Data Interpretation

The midwifery management process in this step is carried out by identifying diagnoses, needs, and patient problems based on correct implementation based on the data that has been collected. Obstetric diagnosis is a diagnosis used by a midwife within the scope of midwifery practice that has met the standard nomenclature of midwifery diagnosis. Problems related to the patient's experience are found in the study results. The needs are needed by patients who have not been identified in the diagnosis through data analysis (Hindratni et al., 2022).

The actual problem is the identification of midwifery diagnoses and problems based on the correct interpretation of the data that has been collected. In this step, the data are interpreted into obstetric diagnoses and problems. Both are used because some problems cannot be solved, such as diagnoses, but require treatment as outlined in the patient's care plan.

The results of the assessment of subjective and objective data obtained indicated a diagnosis of incomplete abortion. The patient came with a complaint that the mother said that blood spots had come out from the birth canal since February 15th, 2017; on February 16th, 2017, at 01.00 PM, bleeding came out in the form of clots, lower abdominal pain in laboratory examination obtained a positive Plano test (+) and on examination TFU obstetrics (2 fingers above the symphysis pubis), as well as on examination in closed OUE/OUI and on ultrasound examination found impressions of residual tissue, visible uterus anteflexion, Femur Length (FL) negative (-).

That follows the theory of incomplete abortion cases, bleeding from the uterus in a pregnancy of fewer than 20 weeks, accompanied by some of the products of conception having come out of the uterine cavity, and some are still left behind (Prawirohardjo, 2014). In an incomplete abortion, the cervical os opens and becomes a passage for blood. The fetus and placenta may remain entirely in the uteri or partially exit through the open os (Cunningham et al., 2015). On gynecological examination, the cervical canal was open, and the tissue in the cervical canal was palpable (Maryunani, 2016).

On Mrs.″H″ with a diagnosis of incomplete abortion, pregnancy is 11 weeks 3 days with an actual problem, namely lower abdominal pain caused by residual tissue left in the uterus, causing the uterus to contract to expel the remaining contents.

Based on the description above, the diagnosis in this case is GIP0A0, gestational age 11 weeks 3 days with incomplete abortion. Thus, applying for the literature and case review on Mrs."H" in general shows a similarity between theory and the actual diagnosis that is enforced, making it easier to provide further action.

Step III: Identification of Potential Diagnoses or Problems and Anticipate

The midwifery management process at this step is carried out starting with the identification of diagnoses, and all health workers need to identify potential problems or diagnoses based on the series of problems and diagnoses that have been identified. Identification of the diagnosis will

require anticipatory action. Where possible, prevention is possible, and midwives are expected to be prepared if a potential problem does occur. This step is crucial for safe, rational, or logical anticipatory care. Midwives must be able to anticipate problems or potential diagnoses so they do not happen (Hindratni et al., 2022). Complications that are potential diagnoses of incomplete abortion cases are bleeding, anemia, infection, perforation due to curatage, shock, and helplessness (Maryunani, 2016).

The patient's current condition with lower abdominal pain, and the mother looks weak. Examination there are no abnormalities, closed OUE / OUI. Patients have the potential to develop anemia and infection if not treated immediately. Patients with abortions should be notified immediately. Midwives can consult with doctors so as not to harm patients and maintain a positive attitude as health workers to patients, such as providing support and moral encouragement to mothers in the form of motivation, providing information and explaining the mother's condition, and collaborating with obstetricians and gynecologists. The attitude and empathy midwives and doctors show will psychologically impact patients and families.

The opening of the birth canal and the presence of bleeding is a medium for developing pathogenic microorganisms that can cause infection in the uterus and its surroundings. It can occur in every abortion but is usually found in incomplete abortions and, more often, in artificial abortions carried out without regard to asepsis and antisepsis. The impact of bleeding that causes a lot of blood volume is reduced. It will cause the potential for the patient to become anemic, and the immune system will decrease, which will then make it easier for germs to enter and develop. The germ that usually causes infection after abortion is Escherichia Coli which originates from the rectum and spreads to the vagina. Organs that have the potential to be attacked are the endometrium and peritoneum. Cases of abortion that come in a state of infection must receive antibiotic protection first before carrying out evacuation measures. Meanwhile, the evacuation action itself can cause infection (Maryunani, 2016).

Based on the literature review, midwifery management identifies potential problems, anticipating everything that might happen. Following the literature review that in the case of Mrs.″H″ with an incomplete abortion diagnosis, a potential problem that could occur was the potential for infection of the birth canal. Supporting data, namely on examination in a closed uterine ostium, but there is bleeding from the birth canal.

In the case of Mrs.″H″ with an incomplete abortion diagnosis, a potential problem that can also occur is anemia. Supporting data are complaints of bleeding from the birth canal since February 15th, 2017. Bleeding will usually continue; the amount can be a lot or a little, depending on the remaining tissue, so the bleeding continues, and the patient can potentially experience anemia (Prawirohardjo, 2014). Thus, applying the literature review and case on Mrs."H" in general, there appear to be similarities, and no discrepancies were found.

Step IV: Identify and Determine Needs Requiring Immediate Handling to Conduct Consultation, Collaboration with Other Health Workers Based on the Patient's Condition

The midwifery management process in this step is carried out if some data indicates an emergency where the midwife needs to act immediately. Some data indicate situations that require immediate action while waiting for instructions from a doctor. Midwives may also require consultation with other health teams. Midwives evaluate each patient's situation to determine the most appropriate care. This step reflects the continuity of the midwifery management process. Thus, midwifery management is during regular primary care or prenatal visits and the woman's constant presence with the midwife. In carrying out actions, a midwife must follow the priority problems or needs faced by her patient. After that, formulate actions that must be taken (independently, collaboration, and with referral). Review whether this immediate action is needed (Hindratni et al., 2022).

Immediate action and collaboration are carried out based on indications that require immediate and appropriate treatment, so it requires collaboration with health workers who are experts in their fields. In this case, there is no indication for immediate action. However, collaboration with obstetricians is carried out to determine the diagnosis by ultrasound examination, laboratory examination, and curettage plan.

Abdominal pain and copious bleeding from the birth canal accompanied by clots can cause infection if not treated immediately. Collaborate with doctors for further action, namely the management of administering RL infusion fluids, the curettage plan on February 17th, 2017, and the management of drug administration.

On Mrs.″H″ an infusion was performed with 20 drops/minute RL fluid. Curettage was planned on February 17th, 2017, at 08.30 AM, and administration of some drugs, namely oxytocin, ceforim, mefenamic acid, and midazolam.

In cases of incomplete abortion, immediate action is required, namely collaboration or consultation with doctors. Thus, there are similarities between the literature review and management of midwifery care in case studies in practice, so no gaps are found.

Step V: Comprehensive Care Plan

The midwifery management process is carried out through thorough planning, determined by the previous steps. This step is a continuation of the management of diagnoses or problems that have been identified or anticipated. In this step, incomplete basic information or data must be completed immediately. A plan of care must be mutually agreed upon by both the midwife and the woman concerned to be effective because ultimately the woman will implement the plan. Therefore, the tasks in this step include making and discussing plans and confirming the approval of actions. All decisions in planning comprehensive care must reflect rational and genuinely valid reasons based on up-to-date theories and following assumptions about what the patient will do (Hindratni et al., 2022).

In planning midwifery care for pregnant women on Mrs.″H″ with incomplete abortion, it was found that the goals and criteria to be achieved were no different from the theory in which midwifery care plans were developed based on intervention and rationale by actual and potential problems in pregnant women with incomplete abortion cases.

In the case of the pregnant woman, the researchers planned midwifery care based on actual and potential diagnoses/problems at the hospital based on the previous steps. In this step, incomplete data information can be completed as follows: washing hands before and after coming into contact with patients, listening to patient

complaints, explaining the patient's condition, providing motivation to patients, encouraging patients to carry out regular check-ups, advising patients to take regular breaks, encourage patients to do laboratory tests, provide information to patients about physical and psychological changes.

Observe vital signs, check for signs of infection and anemia, provide health education, discuss with patients and families about planning curettage, explain to mother about the importance of curettage, and if the patient agrees, curettage will be carried out on February 17th, 2017 at 08.30 AM, as well as providing psychological and spiritual support to patients.

Prepare for the implementation of the curettage in the form of preparing a curettage (2 pairs of handscoen, enough gauze, one sterile duk, 1 catheter, anterior and posterior speculum, tampontang, sharp and blunt curette, High-Level Disinfection/ HLD cotton, betadine), helper Personal Protective Equipment/ PPE (head coverings, goggles, masks, aprons and closed shoes), and patient preparation, namely patients are encouraged to rest and fast, collaborate with doctors to administer antibiotic drug therapy, analgesics and blood-boosting drugs.

The next midwifery care plan is to monitor while hospital for monitoring the patient's condition to determine whether the abdominal pain and bleeding stop or not. The care plan includes monitoring vital signs, providing health education regarding recommendations for maintaining cleanliness and consuming nutritious food, explaining relaxation techniques when pain occurs, and reminding patients to take medication regularly.

In midwifery care management, a comprehensive action plan includes indications of what arises based on the patient's condition, the action plan must be approved by the patient, and all actions taken must be based on relevant rationale, and their validity is recognized.

Handling incomplete abortion if the bleeding is heavy or continuous and the gestational age is less than 16 weeks, then the evacuation of the remaining conception by manual vacuum aspiration (the evacuation method of choice), if the evaluation cannot be done immediately, can be given, for example, ergometrine 0.2 mg intramuscularly (IM) or misoprostol 400 mcg orally (Maryunani, 2016).

Action plans for care have been prepared based on actual and potential diagnoses or problems. It shows no gap between the theoretical review and the midwifery care management review on applying case studies in practice on Mrs.″H″ with incomplete abortion.

Step VI: Implementation of Planning and Execution

The midwifery management process at this step is carried out as a comprehensive care plan as described in step 5, carried out efficiently and safely. This plan can be done entirely by midwives or partly by midwives and partly by patients or other health team members. If a midwife does not do it herself, she is still responsible for directing its implementation (ensuring that the steps are carried out). In situations where midwives collaborate with doctors and manage care for patients experiencing complications, midwives are also responsible for implementing the overall joint care plan. Efficient management will save time and costs, and improve patient quality and care (Hindratni et al., 2022).

In this case, Mrs.″H″ 19 years old, G1P0A0, gestational age 11 weeks 3 days with an incomplete abortion diagnosis. In this case, the diagnosis of incomplete abortion was established based on the results of history, physical examination, and supporting examinations. The implementation of care to overcome the problems experienced by these patients is curettage. In Mrs."H"'s the case, a curettage was performed.

Based on the assessment on February 16th, 2017, a case study of Mrs.″H″ with incomplete abortion, the implementation of care carried out was to provide fluids to the patient by infusion of RL drips oxytocin 20 units with 20 drops/minute, giving mefenamic acid 500 mg/12 hours/oral, ceforim 1 gr/12 hours/IV, midazolam 1x1/oral and blood booster has been given Sulfas Ferrosus (SF) 300 mg/24 hours/orally, and the patient understands that an incomplete abortion must be performed curettage. The patient is willing to be curettage on February 17th, 2017, at 08.30 AM. The patient fasted and rested before the curettage was carried out. The patient maintained personal hygiene. The health workers made preparations for the curettage, namely, the preparation of tools, the preparation of assistants, and the preparation of the patient.

Based on the study on February 17th, 2017, in the case study of Mrs."H" with an incomplete abortion, health workers observed her general condition and vital signs. Bleeding still occurs (+). Health workers explain to patients the causes of bleeding and lower abdominal pain, provide psychological and spiritual support by advising patients always to remember God, provide counseling to patients about personal hygiene, namely by changing pads every time they are wet or every 2 hours, adequate rest, namely nap ± 3 hours, sleep ± 7 hours at night, the patient says she is resting but cannot rest quietly because the pain is felt and makes the patient feel disturbed, the patient is fasting to prepare for curettage. The patient is willing to undergo curettage at 08.30 AM; health workers pushes the patient to the Operating Room (OR) at 08.00 AM, brings tools and the patient's medical record status, continues administering the antibiotic cefadroxil 2x1/oral, mefenamic acid 500 mg/8 hours/oral, Sulfas Ferrosus (SF) 300 mg/24 hours/oral, methylergometrine 8 hours/oral, monitoring vital signs, reminding patients to take their medicine.

Based on the assessment on February 18th, 2017, in the case study Mrs.″H″ with post curettage on the first day, health workers observed her general condition and vital signs, found her general condition was good, consciousness was composure, blood pressure was 110/80 mmHg, pulse 80 beats/minute, respiratory 22 breaths/minute, body temperature 36ºC. Vaginal discharge in the form of red and brown blood spots. Health workers gave ciprofloxacin 500 mg/12 hours/oral, mefenamic acid 500 mg/8 hours/oral, and B-Complex vitamins according to the doctor's instructions. Even though the patient's condition is improving, health education is still given to patients regarding consuming nutritious foods such as rice, fish, green vegetables, and fruits. Maintain personal hygiene by maintaining personal hygiene, especially the genital area by frequently changing underwear and pads every 2 hours or after each bowel movement. Adequate rest by advising patients to take a nap ± 2 hours during the day and sleep ± 8 hours during the day evening. Remind the patient to take medicine regularly.

After the assistance was carried out, the patient said she understood the advice the health worker gave and was willing to do what was recommended. On February 19th, 2017, the patient returned home in good health. In the implementation step of midwifery care, the authors did not find any significant obstacles because all the actions were oriented toward the patient's needs.

Step VII: Evaluation

The midwifery management process at this step is carried out to evaluate the effectiveness of the care provided, including meeting the need for assistance and whether it has been fulfilled according to the needs identified in the problem and diagnosis. The plan can be effective if it is effective in its implementation. However, there is still a possibility that some of these plans have been effective while others have yet to be. Given that this care management process is a continuous activity, it is necessary to repeat any ineffective care through management from the beginning to identify why the management process is ineffective and make adjustments to the next plan of care (Hindratni et al., 2022).

The results of the evaluation of the implementation of midwifery care given to Mrs."H" for 3 days, starting from February 16th, 2017, to February 18th, 2017, namely on the first day the problems experienced by the patient will be resolved by removing the remaining tissue through curettage, there were no complications during the provision of care and treatment, abdominal pain was resolved, incomplete abortion was resolved marked by curettage and visible bleeding was small and controlled. On the second day of evaluation, the patient's condition had progressed and improved, marked by general condition, signs, and symptoms. Vital signs and vaginal discharge were within normal limits, and on February 19th, 2017, the patient went home in good health.

Based on the study of management of midwifery care for pregnant women with incomplete abortion, nothing deviated from the evaluation of the literature review was found. Therefore, compared with the literature review and the case study of Mrs."H" there was no general discrepancy found.

LIMITATIONS OF THE STUDY

The cases in this study cannot represent the population and are not intended to conclude a population.

CONCLUSIONS AND SUGGESTIONS

Conclusions

1. Primary data collection was carried out on pregnant women with incomplete abortion at the Pringsewu Regional General Hospital, Lampung Province, in 2017.
2. Primary data was interpreted on pregnant women with incomplete abortion at the Pringsewu Regional General Hospital, Lampung Province, in 2017.
3. Identifying diagnoses or potential problems and how to anticipate them has been carried out on pregnant women with incomplete abortion at the Pringsewu Regional General Hospital, Lampung Province, in 2017.
4. Identifying and determining needs that require immediate treatment have been conducted to conduct consultations and collaboration with other health workers based on the condition of patients in pregnant women with incomplete abortion at the Pringsewu Regional General Hospital, Lampung Province, in 2017.
5. A comprehensive care plan was carried out for pregnant women with incomplete abortion at the Pringsewu Regional General Hospital, Lampung Province, in 2017, with the result that immediate action was taken to place an infusion to improve the general condition of the patient because the patient's condition at the time of management was in an emergency or dangerous situation.
6. Actions have been taken to implement midwifery care plans prepared for pregnant women with incomplete abortion at the Pringsewu Regional General Hospital, Lampung Province, in 2017, with the result that all planned actions can be appropriately implemented without any obstacles.
7. Evaluating all the results of actions that have been carried out on pregnant women with incomplete abortion at the Pringsewu Regional General Hospital, Lampung Province, in 2017, with the result that there were no deviations or gaps from the evaluation of the literature review.
8. Documenting all of midwifery care actions carried out from February 16th, 2017, to February 18th, 2017, for pregnant women with incomplete abortion at the Pringsewu Regional General Hospital, Lampung Province, in 2017.

Suggestions

1. For Patients

a. Advise the patient to eat a balanced diet.

b. Advise the patient to get enough rest.

c. Advise patients to take medication regularly according to the doctor's instructions.

d. Advise patients to maintain the cleanliness of their genital organs.

e. Encourage patients to learn actively in early mobilization efforts.

2. For the Pringsewu Regional General Hospital

a. Every health worker is expected to be able to provide professional services so that they can play a role in reducing the Maternal Mortality Rate (MMR). Therefore, all care handling actions given to patients must follow the Standard Operating Procedures (SOP) that apply in the hospital. Health workers also need to continue improving their abilities, knowledge, and skills through educational programs, training, seminars, and workshops to improve the quality of services following the development of science and technology so that patients can feel safe and comfortable.

b. All health workers (doctors, nurses, and fellow midwives) need to improve collaboration and good communication to improve the quality of midwifery care services to be better and more professional.

3. For Midwife

a. A midwife should assume that all pregnant women are always at risk of experiencing life-threatening complications for the mother and fetus. Therefore, a midwife is expected to be able to detect early danger signs of pregnancy and encourage pregnant women and their families to go to health services if they experience this immediately.

4. For Institutions

a. There is a need to increase coaching efforts for midwives and prospective midwives in applying midwifery care management as a foundation in midwifery problem-solving methods to create more skilled and professional

human resources to improve the quality of health worker services to patients in practice areas.

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Conflict of Interest Statements

We have no conflict of interest to declare.

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