

JUDUL ARTIKEL: Case Report On Ny. M G2P1A0 Age 35 Years Of Pregnancy 10 Week 4 Days With Incomplete Abortion At Roemani Muhammadiyah Hospital Semarang

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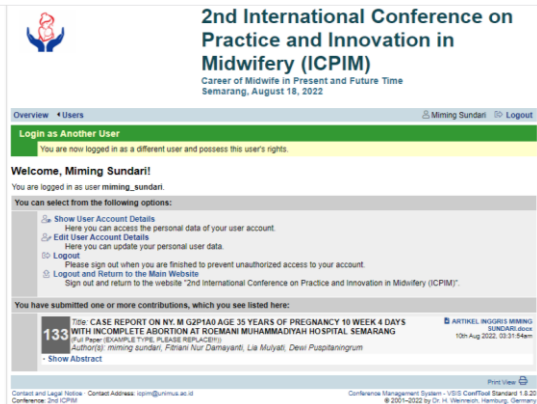
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1. RIWAYAT SUBMIT



2. MANUSKRIP YANG DISUBMIT

CASE REPORT ON NY. M G2P1A0 AGE 35 YEARS OF PREGNANCY 10 WEEK 4 DAYS WITH INCOMPLETE ABORTION AT ROEMANI MUHAMMADIYAH HOSPITAL SEMARANG

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ABSTRACT

Background: More than 5000 women died mainly due to bleeding and hypertensive disorders. The fourth highest cause of AKI in Indonesia is abortion by 4.6%. There were 234 abortion cases, including incomplete abortion (62.4%), imminent abortion (35.9%) and missed abortion (1.7%). These data indicate that the incidence of incomplete abortion is still quite high when compared to the incidence of other types of abortion. The number of maternal deaths in Semarang City in 2020 was 23 cases, it is known that maternal deaths caused by bleeding were 17.65%. Abortion also contributes to MMR in Indonesia. **Objective:** To carry out midwifery care using a midwifery management approach to pregnant women, mothers in labor, postpartum mothers and comprehensive family planning, BBL, and pathological obstetrics services. **Method :** Using Varney's 7-step case study approach and SOAP, the study was carried out by looking at the results of subjective, objective and observational data. **Result:** The diagnosis "Mrs. M aged 35 years G2P1A0 gestational age 10+4 weeks" has complained since June 22, 2022, fresh blood is coming out of the birth canal and convulsions and is still bleeding. The results of the examination showed signs of incomplete abortion, namely the presence of vaginal discharge (fresh blood) and an open uterine os. Ultrasound examination was carried out on July 4, 2022 and the results showed that there were still remnants of conception. Laboratory investigations were also carried out on July 4, 2022 at 21:42 wib, with the results of HBsAg (-) and hemoglobin results (10.1), which means the mother is anemic. **Conclusion :**

Keywords:*Abortion, Incomplete*

1. PRELIMINARY

Report(WHO, 2021)Maternal Mortality Rate (MMR) in the world is as many as 303,000 inhabitants. MMR in ASEAN is 235 per 100,000 live births. According to(Octria, 2022)in 2018, there were 619,591 abortions taken from 49 countries (US states, District of Columbia, and New York City). It is estimated that the abortion rate in 2018 reached 11.3 per 1000 women aged 15-44 years and the abortion ratio was 189 abortions compared to 1000 live births.

More than 5000 women died mainly due to bleeding and hypertensive disorders. The fourth highest cause of AKI in Indonesia is abortion by 4.6%. According to(Widya, 2018)as many as 234 abortion cases, including incomplete abortion (62.4%), imminent abortion (35.9%) and missed abortion (1.7%). These data indicate that the incidence of incomplete abortion is still quite high when compared to the incidence of other types of abortion.

Based on the Central Java Health Office report, there was an increase in maternal mortality between 2019-2020. The MMR in 2019 was 76.9 per 100,000 live births (KH), namely 416 cases to 98.6 per 100,000 KH, namely 530 cases. The district/city with the highest number of maternal mortality cases was Brebes Regency with 62 cases and the lowest number of maternal mortality cases was Magelang with 2 cases each. The city of Semarang is included in the 4 cities/districts with the most contribution to MMR, namely 25 cases(Central Java Provincial Health Office, 2020).

The number of maternal deaths in Semarang City in 2020 was 23 cases(Central Java Provincial Health Office, 2021). The MMR in Semarang City has decreased from 2018-2019. When viewed from the number of maternal deaths, there was a decrease in cases from 19 cases in 2018 to 18 cases in 2019 and again increased to 23 cases in 2020. It is known that maternal deaths caused by bleeding were 17 ,65%(Semarang City Health Office, 2021).

Abortion also contributes to MMR in Indonesia. Therefore, midwives as service providers who deal directly with pregnant women are expected to have a good knowledge base and skills. Because correct management will contribute to the success of midwifery care for pregnant women with incomplete abortions(Astuti et al., 2017).

The results of a preliminary study at the Roemani Muhammadiyah Hospital Semarang in 2019 found that the number of abortions was 103 people, in 2020 the

incidence of abortion cases was 124 people with the most abortions, namely incomplete abortions as many as 79. In 2021 the incidence of abortion again increased to 156 with the incidence rate Most cases were incomplete abortion, 83 cases.

2. METHOD

This study uses a qualitative descriptive case report methodology. From June to July 2022, the research was carried out at the Muhammadiyah Hospital in Semarang. The sample of this research is Mrs. M who is 35 years old with an incomplete abortion. Guidelines for interviews, observations, physical examinations, and documentation studies in the form of a pathology midwifery care format.

3. PATIENT IDENTITY

The patient named Mrs. M age 35 years old High school education, working as IRT, address Jl. Central Turangga III/C-549, Pedurungan, Semarang. The main complaint is abdominal cramps and bleeding from the birth canal. Pregnant with 2nd child and never miscarried.Previous history of spontaneous delivery without complaints. HPHT: 21-04-2022.

4. FOCUS DATA

General Condition Good, Consciousness Composmentis, Vital Signs : BP : 118/84 mmHg, Pulse : 86 x/minute, Temperature : 36.5 C, RR : 20 x/minute, SPO2 : 98%, BW (before pregnancy and now) : 55 kg/57 kg, TB : 158 cm, LILA : 25 cm, Leopold I - IV : Not palpable. Genetalia: bleeding from the birth canal and open uterine os. Ultrasound examination: there are remnants of conception

5. TIMELINE

Date and time	Subjective	Objective	Analyses	Planning
05.07.2022 06.00	Mother said stomach cramps and bleeding from the birth canal	KU: OK Awareness: composmentis BP: 115/76 mmHg N : 92 X/min RR : 20 X/min S : 36.7 OC Genetalia: Spots (+)	Mrs. M G2P1A0 Age 35 years UK 10 weeks 4 days with incomplete abortion	1. Provide support to mother and family by saying positive affirmations 2. Preparing for Curettage 3. Picking up mom from the operating room Evaluation: Mother has returned to Job I.s room

		ostium, open uterus Ultrasound : (04.07.22) There is a concept left		4. Perform post curettage monitoring 5. Inform the mother and family that the mother can eat and drink if there are no complaints of nausea and vomiting	next pregnancy program in order to avoid things that trigger another miscarriage. In addition, things that need to be prepared for the next pregnancy program are nutritional, financial, psychological and physical preparations.
06.07.2022 09.00	Mom said I still feel a little pain in the lower abdo men	KU: OK Awareness: composition BP : 111/73 mmHg N : 88 X/min RR : 20 X/min S : 36.6 OC Genitalia: Spots (+)	Mrs. M P1A1 Age 35 years post curettage 1 day	1. Explain to the mother and family the results of the mother's examination are normal. 2. Provide support to mother and family by saying positive affirmations 3. Taking off the mother's IV and saying that she can go home 4. Giving home medicine, namely Amoxicillin 3x500mg, mefenamic acid tablets 3x500mg, metylergometrin maleate 3x1, Fe 1x1 and recommending the mother to control the obstetrician in 1 week	
10.07.22 10.00	Mom says no compl aints. Still have spots	KU: OK Awareness: composition BP : 110/70 mmHg N : 84 X/min RR : 20 X/min S : 36.5 OC Genitalia: there is discharge, spots (+) brown	Mrs. M P1A1 Age 35 years post curettage 5 days	1. Explain to the mother and family the results of the mother's examination are normal. 2. Provide support to mother and family by saying positive affirmations 3. Asking the mother after this miscarriage whether she will immediately get pregnant or want to postpone it first, because in general, female fertility will return after 8 days post curettage 4. Explain to the mother for the	

6. DIAGNOSTIC CHECK

The follow-up examinations carried out were: Ultrasound examination was carried out on July 4, 2022 and the results showed that there were still remnants of conception. Laboratory investigations were also carried out on July 4, 2022 at 21:42 wib, with the results of HBsAg (-) and hemoglobin results (10.1), which means that the mother is anemic. Anemia can cause incomplete abortion, because the oxygen supply from the mother to the fetus is reduced so that the oxygen demand of the fetus is not fulfilled.

The prognosis in this case is incomplete abortion. Prognosis of abortion depends on the cause of the abortion, the age of the patient and the results of the ultrasound examination. Based on the case above, the cause of abortion is coitus or intercourse at a young gestational age and anemia. Therefore, the prevention of abortion is to limit sexual activity during the first trimester of pregnancy. This is in line with research (Fuchs et al., 2019) who explained that intercourse was associated with a reduced chance of miscarriage unless there was bleeding during intercourse, in which case, the chance of miscarriage was almost doubled. In addition, if any pregnancy pathology is diagnosed in the first trimester, sexual activity should be limited because it can interfere with the well-being of both the fetus and the mother.

7. INTERVENTION THERAPY

The management carried out are: a curettage procedure was performed in collaboration with the SpOG doctor. Then the medicine is given home, namely: 3x500mg, mefenamic acid tablets 3x500mg, metylergometrin maleate 3x1, Fe 1x1 and recommends the mother to go to the gynecology clinic for 1 week.

8. DATA DEVELOPMENT

The action plan given to handle cases of incomplete preeclampsia abortion in pregnant women, namely, provide psychological support to the mother and family, encourage the mother to pray according to her beliefs, monitor the amount of bleeding, monitor KU and TTV, recommend bed rest, collaborate with the SpOG doctor. .

The implementation of the action is carried out in accordance with the Action plan, namely curettage. Evaluation of the final pregnancy outcome was carried out on July 5, 2022 with the results of the patient having performed curettage.

9. DISCUSSION

Management in cases of incomplete abortion is done by a curettage procedure. Based on research results(Kakinuma et al., 2020)stated that the management of incomplete abortion can be done with MVA, curettage and dilatation. This is in line with the theory according toSari & Prabowo, 2018Treatment of incomplete abortion can be done by curettage.

Supported by research results(T. Wulandari et al., 2019)which states that the treatment for incomplete abortion is curettage. In line with(Cooper & Menefee, 2022)stated that curettage is one of the most frequently performed procedures in the first trimester of pregnancy.

In another study, stated that severe anemia and high Hb concentrations before pregnancy were associated with an increased risk of spontaneous abortion. Women with mild anemia before pregnancy have a lower risk of spontaneous abortion(Xu et al., 2020). This shows that Hb levels or anemia affect the incidence of abortion. From the results of the assessment of subjective and objective data, it was concluded that the obstetric diagnosis was as follows Mrs. M G2P1A0 35 years old, 10 weeks 4 days pregnant with incomplete abortion at Roemani Muhammadiyah Hospital Semarang.

In addition, the author also provides education to improve nutrition before the next pregnancy program. Given the mother's previous history of anemia. Providing education on the consumption of date fruit juice to improve hemoglobin (Hb) levels. Based on research results(Amaris et al., 2021)stated that dates can increase hemoglobin levels in anemic patients. Dates contain iron which plays a role in the formation of hemoglobin so that it can increase hemoglobin levels. In line with research results(Choirunissa et al., 2021)which states that dates can help increase Hb levels.

Nutritional improvement before the next pregnancy program is carried out to prevent repeated abortions.

In addition to providing education to improve nutrition before the next pregnancy program. Researchers also provide education about post-miscarriage contraceptives that can be used. This is in line with research(Susila, 2021)providing post-miscarriage contraceptive education can increase knowledge and ability to deal with the problem of choosing the right contraceptive after miscarriage and minimize the risk of early pregnancy after abortion, hopefully there will be no unplanned pregnancy by the couple.

10. CONCLUSION

In the application of comprehensive care, the care provided is in accordance with that given to the patient, so there is no gap between theory and practice in the field.

11. INFORMED CONSENT

Informed consent has been done on 04.07.2022 and the patient is willing to be a respondent

AUTHORS' CONTRIBUTION

All authors contribute to research observation, research writing, editing, and review of submissions

ACKNOWLEDGMENTS

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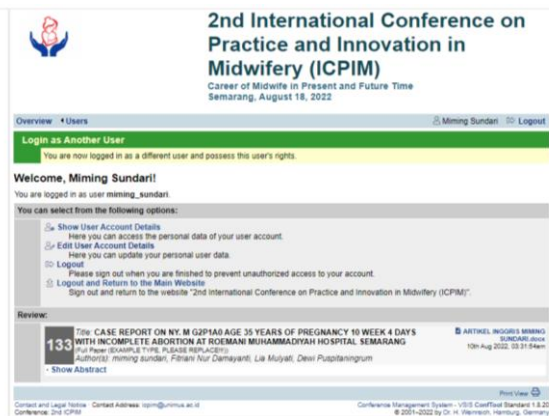
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3. RIWAYAT REVIEW



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ABORTION AT ROEMANI MUHAMMADIYAH HOSPITAL SEMARANG

Miming Sundari¹, Fitriani Nur Damayanti², Lia Mulyati³, Dewi Puspitaningrum⁴

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- want to postpone it first, because in general, female fertility will return after 8 days post curettage
8. Explain to the mother for the next pregnancy program in order to avoid things that trigger another miscarriage. In addition, things that need to be prepared for the next pregnancy program are nutritional, financial, psychological and physical preparations.

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The follow-up examinations carried out were: Ultrasound examination was carried out on July 4, 2022 and the results showed that there were still remnants of conception. Laboratory investigations were also carried out on July 4, 2022 at 21:42 wib, with the results of HBsAg (-) and hemoglobin results (10.1), which means that the mother is anemic. Anemia can cause incomplete abortion, because the oxygen supply from the mother to the fetus is reduced so that the oxygen demand of the fetus is not fulfilled.

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4. MANUSKRIP SETELAH REVISI

CASE REPORT ON NY. M G2P1A0 AGE 35 YEARS OF PREGNANCY 10 WEEK 4 DAYS WITH INCOMPLETE ABORTION AT ROEMANI MUHAMMADIYAH HOSPITAL SEMARANG

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ABSTRACT

Background: More than 5000 women died mainly due to bleeding and hypertensive disorders. The fourth highest cause of AKI in Indonesia is abortion by 4.6%. There were 234 abortion cases, including incomplete abortion (62.4%), imminent abortion (35.9%) and missed abortion (1.7%). These data indicate that the incidence of incomplete abortion is still quite high when compared to the incidence of other types of abortion. The number of maternal deaths in Semarang City in 2020 was 23 cases, it is known that maternal deaths caused by bleeding were 17.65%. Abortion also contributes to MMR in Indonesia. Objective: To carry out midwifery care using a midwifery management approach to pregnant women, mothers in labor, postpartum mothers and comprehensive family planning, BBL, and pathological obstetrics services. Method : Using Varney's 7-step case study approach and SOAP, the study was carried out by looking at the results of subjective, objective and observational data. Result: The diagnosis "Mrs. M aged 35 years G2P1A0 gestational age 10+4 weeks" has complained since June 22, 2022, fresh blood is coming out of the birth canal and convulsions and is still bleeding. The results of the examination showed signs of incomplete abortion, namely the presence of vaginal discharge (fresh blood) and an open uterine os. Ultrasound examination was carried out on July 4, 2022 and the results showed that there were still remnants of conception. Laboratory investigations were also carried out on July 4, 2022 at 21:42 wib, with the results of HBsAg (-) and hemoglobin results (10.1), which means the mother is anemic. Conclusion :

Keywords: Abortion, Incomplete

PRELIMINARY

Report(WHO, 2021)Maternal Mortality Rate (MMR) in the world is as many as 303,000 inhabitants. MMR in ASEAN is 235 per 100,000 live births. According to(Octria, 2022)in 2018, there were 619,591 abortions taken from 49 countries (US states, District of Columbia, and New York City). It is estimated that the abortion rate in 2018 reached 11.3 per 1000 women aged 15-44 years and the abortion ratio was 189 abortions compared to 1000 live births.

More than 5000 women died mainly due to bleeding and hypertensive disorders. The fourth

highest cause of AKI in Indonesia is abortion by 4.6%. According to(Widya, 2018)as many as 234 abortion cases, including incomplete abortion (62.4%), imminent abortion (35.9%) and missed abortion (1.7%). These data indicate that the incidence of incomplete abortion is still quite high when compared to the incidence of other types of abortion.

Based on the Central Java Health Office report, there was an increase in maternal mortality between 2019-2020. The MMR in 2019 was 76.9 per 100,000 live births (KH), namely 416 cases to 98.6 per 100,000 KH, namely 530 cases. The district/city

with the highest number of maternal mortality cases was Brebes Regency with 62 cases and the lowest number of maternal mortality cases was Magelang with 2 cases each. The city of Semarang is included in the 4 cities/districts with the most contribution to MMR, namely 25 cases(Central Java Provincial Health Office, 2020).

The number of maternal deaths in Semarang City in 2020 was 23 cases(Central Java Provincial Health Office, 2021). The MMR in Semarang City has decreased from 2018-2019. When viewed from the number of maternal deaths, there was a decrease in cases from 19 cases in 2018 to 18 cases in 2019 and again increased to 23 cases in 2020. It is known that maternal deaths caused by bleeding were 17 ,65%(Semarang City Health Office, 2021).

Abortion also contributes to MMR in Indonesia. Therefore, midwives as service providers who deal directly with pregnant women are expected to have a good knowledge base and skills. Because correct management will contribute to the success of midwifery care for pregnant women with incomplete abortions(Astuti et al., 2017).

The results of a preliminary study at the Roemani Muhammadiyah Hospital Semarang in 2019 found that the number of abortions was 103 people, in 2020 the incidence of abortion cases was 124 people with the most abortions, namely incomplete abortions as many as 79. In 2021 the incidence of abortion again increased to 156 with the incidence rate Most cases were incomplete abortion, 83 cases.

METHOD

This study uses a qualitative descriptive case report methodology. From June to July 2022, the research was carried out at the Muhammadiyah Hospital in Semarang. The sample of this research is Mrs. M who is 35 years old with an incomplete abortion. Guidelines for interviews, observations, physical examinations, and documentation studies in the form of a pathology midwifery care format.

PATIENT IDENTITY

The patient named Mrs. M age 35 years old High school education, working as IRT, address Jl. Central Turangga III/C-549, Pedurungan, Semarang. The main complaint is abdominal cramps and bleeding from the birth canal. Pregnant with 2nd child and never miscarried.Previous history of spontaneous delivery without complaints. HPHT: 21-04-2022.

FOCUS DATA

General Condition Good, Consciousness Composmentis, Vital Signs : BP : 118/84 mmHg, Pulse : 86 x/minute, Temperature : 36.5 C, RR : 20 x/minute, SPO2 : 98%, BW (before pregnancy and now) : 55 kg/57 kg, TB : 158 cm,

LILA : 25 cm, Leopold I - IV : Not palpable. Genetalia: bleeding from the birth canal and open uterine os. Ultrasound examination: there are remnants of conception

TIMELINE

Date and time	Subjective	Objective	Analyses	Planning
05.07.2022 06.00	Mother said stomach cramps and bleeding from the birth canal	KU: OK Awareness: composmentis BP: 115/76 mmHg N : 92 X/min RR : 20 X/min S : 36.7 OC Genetalia: Spots (+) ostium, open uterus Ultrasound : (04.07.22) There is a concept left	Mrs. M G2P1A0 Age 35 years UK 10 weeks 4 days with incomplete abortion	1. Provide support to mother and family by saying positive affirmations 10. Preparing for Curettage 11. Picking up mom from the operating room Evaluation: Mother has returned to Job I .s room 12. Perform post curettage monitoring 13. Inform the mother and family that the mother can eat and drink if there are no complaints of nausea and vomiting
06.07.2022 09.00	Mom said I still feel a little pain in the lower abdomen	KU: OK Awareness: composmentis BP : 111/73 mmHg N : 88 X/min RR : 20 X/min S : 36.6 OC Genetalia: Spots (+)	Mrs. M P1A1 Age 35 years post curettage 1 day	1. Explain to the mother and family the results of the mother's examination are normal. 2. Provide support to mother and family by saying positive affirmations 3. Taking off the mother's IV and saying that she can go home 4. Giving home medicine, namely Amoxycilin 3x500mg, mefenamic acid tablets 3x500mg, metylergometrin maleate 3x1, Fe 1x1 and recommending the mother to control the obstetrician in 1 week
10.07.22 10.00	Mom says no complaint	KU: OK Awareness:	Mrs. M P1A1 Age 35 years	9. Explain to the mother and family the results of the

aints. Still have spots	composme ntis BP : 110/70 mmHg N : 84 X/min RR : 20 X/min S : 36.5 OC Genetalia: there is discharge, spots (+) brown	post curettag e 5 days	10. mother's examination are normal. Provide support to mother and family by saying positive affirmations	11. Asking the mother after this miscarriage whether she will immediately get pregnant or want to postpone it first, because in general, female fertility will return after 8 days post curettage	12. Explain to the mother for the next pregnancy program in order to avoid things that trigger another miscarriage. In addition, things that need to be prepared for the next pregnancy program are nutritional, financial, psychological and physical preparations.
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DIAGNOSTIC CHECK

The follow-up examinations carried out were: Ultrasound examination was carried out on July 4, 2022 and the results showed that there were still remnants of conception. Laboratory investigations were also carried out on July 4, 2022 at 21:42 wib, with the results of HBsAg (-) and hemoglobin results (10.1), which means that the mother is anemic. Anemia can cause incomplete abortion, because the oxygen supply from the mother to the fetus is reduced so that the oxygen demand of the fetus is not fulfilled.

The prognosis in this case is incomplete abortion. Prognosis of abortion depends on the cause of the abortion, the age of the patient and the results of the ultrasound examination. Based on the case above, the cause of abortion is coitus or intercourse at a young gestational age and anemia. Therefore, the prevention of abortion is to limit sexual activity during the first trimester of pregnancy. This is in line with research (Fuchs et al., 2019) who explained that intercourse was associated with a reduced chance of miscarriage unless there was bleeding during intercourse, in which case, the chance of miscarriage

was almost doubled. In addition, if any pregnancy pathology is diagnosed in the first trimester, sexual activity should be limited because it can interfere with the well-being of both the fetus and the mother.

INTERVENTION THERAPY

The management carried out are: a curettage procedure was performed in collaboration with the SpOG doctor. Then the medicine is given home, namely: 3x500mg, mefenamic acid tablets 3x500mg, metylergometrin maleate 3x1, Fe 1x1 and recommends the mother to go to the gynecology clinic for 1 week.

DATA DEVELOPMENT

The action plan given to handle cases of incomplete preeclampsia abortion in pregnant women, namely, provide psychological support to the mother and family, encourage the mother to pray according to her beliefs, monitor the amount of bleeding, monitor KU and TTV, recommend bed rest, collaborate with the SpOG doctor.

The implementation of the action is carried out in accordance with the Action plan, namely curettage. Evaluation of the final pregnancy outcome was carried out on July 5, 2022 with the results of the patient having performed curettage.

DISCUSSION

Management in cases of incomplete abortion is done by a curettage procedure. Based on research results (Kakinuma et al., 2020) stated that the management of incomplete abortion can be done with MVA, curettage and dilatation. This is in line with the theory according to Sari & Prabowo, 2018. Treatment of incomplete abortion can be done by curettage.

Supported by research results (T. Wulandari et al., 2019) which states that the treatment for incomplete abortion is curettage. In line with (Cooper & Menefee, 2022) stated that curettage is one of the most frequently performed procedures in the first trimester of pregnancy.

In another study, stated that severe anemia and high Hb concentrations before pregnancy were associated with an increased risk of spontaneous abortion. Women with mild anemia before pregnancy have a lower risk of spontaneous abortion (Xu et al., 2020). This shows that Hb levels or anemia affect the incidence of abortion. From the results of the assessment of subjective and objective data, it was concluded that the obstetric diagnosis was as follows. Mrs. M G2P1A0 35 years old, 10 weeks 4 days pregnant with incomplete abortion at Roemani Muhammadiyah Hospital Semarang.

In addition, the author also provides education to improve nutrition before the next pregnancy program. Given the mother's previous history of anemia. Providing education on the

consumption of date fruit juice to improve hemoglobin (Hb) levels. Based on research results (Amaris et al., 2021) stated that dates can increase hemoglobin levels in anemic patients. Dates contain iron which plays a role in the formation of hemoglobin so that it can increase hemoglobin levels. In line with research results (Choirunissa et al., 2021) which states that dates can help increase Hb levels. Nutritional improvement before the next pregnancy program is carried out to prevent repeated abortions.

In addition to providing education to improve nutrition before the next pregnancy program. Researchers also provide education about post-miscarriage contraceptives that can be used. This is in line with research (Susila, 2021) providing post-miscarriage contraceptive education can increase knowledge and ability to deal with the problem of choosing the right contraceptive after miscarriage and minimize the risk of early pregnancy after abortion, hopefully there will be no unplanned pregnancy by the couple.

CONCLUSION

In the application of comprehensive care, the care provided is in accordance with that given to the patient, so there is no gap between theory and practice in the field.

INFORMED CONSENT

Informed consent has been done on 04.07.2022 and the patient is willing to be a respondent

AUTHORS' CONTRIBUTION

All authors contribute to research observation, research writing, editing, and review of submissions

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5. IN PRESS



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ORAL PRESENTATION ACCEPTANCE

August, 12th 2022

Dear **Miming Sundari**,

Thank you for submitting a paper to present at “**THE 2nd INTERNATIONAL CONFERENCE ON PRACTICE AND INNOVATION IN MIDWIFERY**”. On behalf of the Organizing Committee, I am delighted to inform you that your abstract has been accepted for an oral presentation at the conference.

Details of your abstract are as follows:

ID : **PR133**

Title : **Case Report On Ny. M G2P1A0 Age 35 Years Of Pregnancy 10 Week 4 Days With Incomplete Abortion At Roemani Muhammadiyah Hospital Semarang**

Authors : Miming Sundari

Presenting Author : Miming Sundari

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Furthermore, you are requested to immediately complete the administrative requirements related to payment as confirmation of your participation as a presenter and payment receipt can be sent via WhatsApp to **Mrs. Siti Istiana: +62 856-4027-0631**. Please send the presentation file by August 15th, 2022 in ppt/pptx format regarding the articles to be presented. PPT files please sent to email with the subject : **File PPT PR133**.

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Conference Content Executive.

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CASE REPORT ON NY. M G2P1A0 AGE 35 YEARS OF PREGNANCY 10 WEEK 4 DAYS WITH INCOMPLETE ABORTION AT ROEMANI MUHAMMADIYAH HOSPITAL SEMARANG

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ABSTRACT

More than 5000 women died mainly due to bleeding and hypertensive disorders. The fourth highest cause of AKI in Indonesia is abortion by 4.6%. There were 234 abortion cases, including incomplete abortion (62.4%), imminent abortion (35.9%) and missed abortion (1.7%). These data indicate that the incidence of incomplete abortion is still quite high when compared to the incidence of other types of abortion. The number of maternal deaths in Semarang City in 2020 was 23 cases, it is known that maternal deaths caused by bleeding were 17.65%. Abortion also contributes to MMR in Indonesia. Objective: To carry out midwifery care using a midwifery management approach to pregnant women, mothers in labor, postpartum mothers and comprehensive family planning, BBL, and pathological obstetrics services. Method : Using Varney's 7-step case study approach and SOAP, the study was carried out by looking at the results of subjective, objective and observational data. Result: The diagnosis "Mrs. M aged 35 years G2P1A0 gestational age 10+4 weeks" has complained since June 22, 2022, fresh blood is coming out of the birth canal and convulsions and is still bleeding. The results of the examination showed signs of incomplete abortion, namely the presence of vaginal discharge (fresh blood) and an open uterine os. Ultrasound examination was carried out on July 4, 2022 and the results showed that there were still remnants of conception. Laboratory investigations were also carried out on July 4, 2022 at 21:42 wib, with the results of HBsAg (-) and hemoglobin results (10.1), which means the mother is anemic.

Keywords: Abortion, Incomplete

PRELIMINARY

Maternal Mortality Rate (MMR) in the world is as many as 303,000 inhabitants. MMR in ASEAN is 235 per 100,000 live births. According to (Octria, 2022) in 2018, there were 619,591 abortions taken from 49 countries (US states, District of Columbia, and New York City). It is estimated that the abortion rate in 2018 reached 11.3 per 1000 women aged 15-44 years and the abortion ratio was 189 abortions compared to 1000 live births.

More than 5000 women died mainly due to bleeding and hypertensive disorders. The fourth highest cause of AKI in Indonesia is abortion by 4.6%. According to (Widya, 2018) as many as 234 abortion cases, including incomplete abortion (62.4%), imminent abortion (35.9%) and missed abortion (1.7%). These data indicate that the incidence of incomplete abortion is still quite high when compared to the incidence of other types of abortion.

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2019-2020. The MMR in 2019 was 76.9 per 100,000 live births (KH), namely 416 cases to 98.6 per 100,000 KH, namely 530 cases. The district/city with the highest number of maternal mortality cases was Brebes Regency with 62 cases and the lowest number of maternal mortality cases was Magelang with 2 cases each. The city of Semarang is included in the 4 cities/districts with the most contribution to MMR, namely 25 cases (Central Java Provincial Health Office, 2020).

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METHOD

This study uses a qualitative descriptive case report methodology. From June to July 2022, the research was carried out at the Muhammadiyah Hospital in Semarang. The sample of this research is Mrs. M who is 35 years old with an incomplete abortion. Guidelines for interviews, observations, physical examinations, and documentation studies in the form of a pathology midwifery care format.

PATIENT IDENTITY

The patient named Mrs. M age 35 years old High school education, working as IRT, address Jl. Central Turangga III/C-549, Pedurungan, Semarang. The main complaint is abdominal cramps and bleeding from the birth canal. Pregnant with 2nd child and never miscarried. Previous history of spontaneous delivery without complaints. PHPT: 21-04-2022.

FOCUS DATA

General Condition Good, Consciousness Composmentis, Vital Signs : BP : 118/84 mmHg, Pulse : 86 x/minute, Temperature : 36.5 C, RR : 20 x/minute, SPO2 : 98%, BW (before pregnancy and now) : 55 kg/57 kg, TB : 158 cm, LILA : 25 cm, Leopold I - IV : Not palpable. Genetalia: bleeding from the birth canal and open uterine os. Ultrasound examination: there are remnants of conception

TIMELINE

Date and time	Subjective	Objective	Analysis	Planning
05.07.2022 06.00	Mother said stomach cramps and bleeding	KU: OK Awareness: Composmentis BP: 115/76 mmHg	Mrs. M G2P1A0 Age 35 years UK 10 weeks 4 days with	Provide support to mother and family by saying positive affirmations Preparing for Curettage
10.07.22 10.00	Mom says no complaints. Still	KU: OK Awareness: Composmentis BP: 110/70 mmHg	Mrs. M P1A1 Age 35 years post curettage 5 days	Explain to the mother and family the results of the mother's examination are normal.

Date and time	Subjective	Objective	Analysis	Planning
	ng from the birth canal	N : 92 X/min RR : 20 X/min S : 36.7 OC Genetalia: Spots (+) ostium, open uterus Ultrasound : (04.07.22) There is a concept left	incomplete abortion	Picking up mom from the operating room Evaluation: Mother has returned to Job 1 room Perform post curettage monitoring Inform the mother and family that the mother can eat and drink if there are no complaints of nausea and vomiting
06.07.2022 09.00	Mom said I still feel a little pain in the lower abdomen	KU: OK Awareness: Composmentis BP : 111/73 mmHg N : 88 X/min RR : 20 X/min S : 36.6 OC Genetalia: Spots (+)	Mrs. M P1A1 Age 35 years post curettage 1 day	Explain to the mother and family the results of the mother's examination are normal. Provide support to mother and family by saying positive affirmations Taking off the mother's IV and saying that she can go home Giving home medicine, namely Amoxicillin 3x500mg, mefenamic acid tablets 3x500mg, metylergometrin maleate 3x1, Fe 1x1 and recommending the mother to control the obstetrician in 1 week



Date and time	Subjective	Objective	Analysis	Planning
	have spots	N : 84 X/min RR : 20 X/min S : 36.5 OC Genitalia: there is discharge, spots (+) brown	Provide support to mother and family by saying positive affirmations Asking the mother after this miscarriage whether she will immediately get pregnant or want to postpone it first, because in general, female fertility will return after 8 days post curettage Explain to the mother for the next pregnancy program in order to avoid things that trigger another miscarriage. In addition, things that need to be prepared for the next pregnancy program are nutritional, financial, psychological and physical preparations.	prevention of abortion is to limit sexual activity during the first trimester of pregnancy. This is in line with research(Fuchs et al., 2019)who explained that intercourse was associated with a reduced chance of miscarriage unless there was bleeding during intercourse, in which case, the chance of miscarriage was almost doubled. In addition, if any pregnancy pathology is diagnosed in the first trimester, sexual activity should be limited because it can interfere with the well-being of both the fetus and the mother.

INTERVENTION THERAPY

The management carried out are: a curettage procedure was performed in collaboration with the SpOG doctor. Then the medicine is given home, namely: 3x500mg, mefenamic acid tablets 3x500mg, metylergometrin malcate 3x1, Fe 1x1 and recommends the mother to go to the gynecology clinic for 1 week.

DATA DEVELOPMENT

The action plan given to handle cases of incomplete preeclampsia abortion in pregnant women, namely, provide psychological support to the mother and family, encourage the mother to pray according to her beliefs, monitor the amount of bleeding, monitor KU and TTV, recommend bed rest, collaborate with the SpOG doctor.

The implementation of the action is carried out in accordance with the Action plan, namely curettage. Evaluation of the final pregnancy outcome was carried out on July 5, 2022 with the results of the patient having performed curettage.

DISCUSSION

Management in cases of incomplete abortion is done by a curettage procedure. Based on research results(Kakinuma et al., 2020)stated that the management of incomplete abortion can be done with MVA, curettage and dilatation. This is in line with the theory according to Sari & Prabowo, 2018 Treatment of incomplete abortion can be done by curettage.

Supported by research results(T. Wulandari et al., 2019)which states that the treatment for incomplete abortion is curettage. In line with(Cooper & Menefee, 2022)stated that curettage is one of the most frequently performed procedures in the first trimester of pregnancy.

In another study, stated that severe anemia and high Hb concentrations before pregnancy were associated with an increased risk of spontaneous

DIAGNOSTIC CHECK

The follow-up examinations carried out were: Ultrasound examination was carried out on July 4, 2022 and the results showed that there were still remnants of conception. Laboratory investigations were also carried out on July 4, 2022 at 21:42 wib, with the results of HBsAg (-) and hemoglobin results (10.1), which means that the mother is anemic. Anemia can cause incomplete abortion, because the oxygen supply from the mother to the fetus is reduced so that the oxygen demand of the fetus is not fulfilled.

The prognosis in this case is incomplete abortion. Prognosis of abortion depends on the cause of the abortion, the age of the patient and the results of the ultrasound examination. Based on the case above, the cause of abortion is coitus or intercourse at a young gestational age and anemia. Therefore, the



abortion. Women with mild anemia before pregnancy have a lower risk of spontaneous abortion (Xu et al., 2020). This shows that Hb levels or anemia affect the incidence of abortion. From the results of the assessment of subjective and objective data, it was concluded that the obstetric diagnosis was as follows Mrs. M G2P1A0 35 years old, 10 weeks 4 days pregnant with incomplete abortion at Roemani Muhammadiyah Hospital Semarang.

In addition, the author also provides education to improve nutrition before the next pregnancy program. Given the mother's previous history of anemia. Providing education on the consumption of date fruit juice to improve hemoglobin (Hb) levels. Based on research results (Amaris et al., 2021) stated that dates can increase hemoglobin levels in anemic patients. Dates contain iron which plays a role in the formation of hemoglobin so that it can increase hemoglobin levels. In line with research results (Choirunissa et al., 2021) which states that dates can help increase Hb levels. Nutritional improvement before the next pregnancy program is carried out to prevent repeated abortions.

In addition to providing education to improve nutrition before the next pregnancy program. Researchers also provide education about post-miscarriage contraceptives that can be used. This is in line with research (Susila, 2021) providing post-miscarriage contraceptive education can increase knowledge and ability to deal with the problem of choosing the right contraceptive after miscarriage and minimize the risk of early pregnancy after abortion, hopefully there will be no unplanned pregnancy by the couple.

CONCLUSION

In the application of comprehensive care, the care provided is in accordance with that given to the patient, so there is no gap between theory and practice in the field.

INFORMED CONSENT

Informed consent has been done on 04.07.2022 and the patient is willing to be a respondent

AUTHORS' CONTRIBUTION

All authors contribute to research observation, research writing, editing, and review of submissions

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