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TREATMENT OF PREGNANT WOMEN WITH CONSTIPATION IN PMB YUNI WIDARYANTI, AMD. KEB SEMANDING VILLAGE, MAYANGAN JOMBANG

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ABSTRACT

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Constipation is actually mostly physiological, but if there is no assistance through midwifery care, it is possible that pathological conditions will occur. The purpose of this midwifery care is to provide midwifery care in accordance with the 7 steps of Varney's midwifery care. The method used in conducting midwifery care for Mrs. This "P" is Varney's 7 steps of midwifery care. Includes assessment of basic data, interpretation of basic data, identification of diagnoses and potential problems, determining immediate needs, developing a plan of care, implementation and evaluation that has been carried out in stages and procedures. The results to Mrs. "P" in the basic data assessment, subjective data was found with complaints of difficulty in defecating for 4 days and objective data. The plan of care, implemented, and than final evaluation was obtained by Mrs. "P" constipation was resolved on day 2 of home visits by counseling and consuming apple juice taken 1 hour before bedtime. At the next visit defecation was smooth. The conclusion that can be drawn from this midwifery care is the implementation process of fulfilling nutrition that is rich in fiber and adequate fluid intake. Mrs "P" defecated smoothly according to plan with a final evaluation after 4 days of visiting the client's.

1. INTRODUCTION

Pregnancy is the period starting from the product of conception until the birth of the fetus with a gestational age of 280 days (40 weeks or 9 months 7 days) calculated from the first day of the last menstruation (Prawirohardjo, 2007: 89). Not all women experience the discomforts that are common during pregnancy, but many women do experience them from mild to severe. How to deal with this discomfort is based on the cause and management is based on the symptoms that appear. One of the discomforts during pregnancy is constipation (Helen Varney 2006: 536).

The incidence of constipation in pregnant women in Indonesia reaches 15-20% (Hendry, 2010). Meanwhile, according to Bradley C.S (2007) said that out of 103 pregnant women starting from the first trimester of pregnancy experienced constipation. Her team from Bradley found 24% of pregnant women in the first trimester were constipated, 26% were constipated during the second trimester and 26% were constipated during the third trimester. 24% of pregnant women experience constipation during the first 3 months after delivery. Women who take iron supplements experience 3.5 times more constipation than those who don't take iron. Up to 19% of women have symptoms of irritable bowel syndrome during pregnancy. Bradley concluded that pregnant women who are constipated in early to late pregnancy requiring iron supplements should be screened and given advice on managing constipation during their pregnancy.

Constipation or constipation is a condition in which the secretion of the rest of the body's nutritional metabolism in the form of feces becomes hard and causes difficulty during defecation (Irianti, 2014). Trottier

in 2012 stated that the incidence of constipation in pregnant women ranges from 11% to 38%, which is caused

when an individual experiences a change in the normal pattern of defecation which is characterized by a decrease in the frequency of defecation or hard and dry feces (Green & Judith, 2012). Constipation is a decrease in the frequency of defecation accompanied by a change in the characteristics of the stool which becomes hard so that it is difficult to expel or expel and can cause great pain to the sufferer (Irianti, 2014). Constipation occurs in 10-40% of women (Vasques, 2010). Constipation is common and is caused by decreased intestinal motility, so it takes a long time for fluids to be absorbed. Thus the intestines can be pushed against each other due to pressure from the enlarged uterus (Hutahaean, 2013)

Constipation or often called constipation is a disorder of the digestive system in which a human experiences excessive hardening of feces or feces making it difficult to dispose of or excreting and can cause great pain to the sufferer (Meita S, 2010: 29).

Constipation is thought to occur due to decreased peristalsis caused by relaxation of smooth muscle in the large intestine when there is an increase in the amount of progesterone. Displacement and pressure on the intestine due to enlargement of the uterus or the presenting part can also reduce motility in the gastrointestinal tract, causing constipation (Helen Varney: 2006: 539)

This shows that if fluid intake and diet are good, then pregnant women do not experience constipation. By avoiding foods that lack fiber and lack of fluid intake, on the other hand if a poor diet can cause pregnant women to experience constipation.

Difficult bowel movements are often experienced by pregnant women. Hormonal changes due to pregnancy or lifestyle can trigger this disorder. At first constipation only causes discomfort during bowel movements and the stomach becomes sore or bloated. But if this lasts a long time, it will disrupt the body's metabolism and cause other body disorders (Kasdu, 2005). If constipation is allowed to continue continuously it can cause hemorrhoids, as a result of constipation, pregnant women will strain too often when defecating, the muscles in the blood vessels in the anus weaken, both of which can increase the possibility of hemorrhoids in pregnant women. Therefore, constipation in pregnant women must be overcome immediately (Harsono, 2013).

A preliminary study conducted by researchers at BPM Yuni Widaryanti, Amd.Keb, Jombang Regency, obtained 88 pregnant women who checked their pregnancies for 1 month. Of the 88 pregnant women, there were 10 pregnant women who complained that it was difficult to defecate. Based on the description above, the researcher wishes to provide "Midwifery Care for Mrs. "P" GIPI0001With Constipation Disorders at BPM Yuni Widaryanti.Amd.Keb, Jombang Regency".

Based on the data above, the authors want to treat pregnant women with constipation at PMB Mrs. Yuni Windaryanti, Amd. Semanding Village Headquarters, Mayangan, Jombang.

2. IMPLEMENTATION

a. Location and Time of Research

This research was carried out starting April 12 2019 at PMB Ny. Yuni Windaryanti, Amd. Keb Semanding Village, Mayangan

b. Population and Research Sample

The population in this study were pregnant women who experienced constipation during their pregnancy.

3. RESEARCH METHOD

In this study, a descriptive qualitative research method was used which intended to understand what the research subjects experienced with their behavior, perceptions, motivations, actions, etc. by using case study designs or interventions carried out by midwives to clients who needed or had problems in the field of knowledge. . In providing midwifery care to clients, midwives use a problem-solving approach that focuses on a systematic process and analysis. The core objective of providing care to pregnant women who experience constipation is to provide adequate, basic, and standard care for pregnant women so that they can pass through their pregnancies well, where the sample selected is based on the research objective, namely purposive sampling. Analysis of research data used descriptive analysis which was in accordance with the seven steps of Varney midwifery management which included data assessment, data interpretation, identification of potential diagnoses and potential problems, identification of immediate needs, intervention, implementation and evaluation.

4. RESULTS AND DISCUSSION

4.1 Results

1. Assessment

From a review of Mrs. "P" , 27 years old, Islam, Middle School Education, Address: Ds. Sumbermulyo Utara,

Jogoroto. Mother said This is the second pregnancy at 8 months of gestation and the mother complains of difficulty defecating for \pm 4 days since April 9 2019, was lazy to eat and drink, and was taken to BPM Yuni Widaryanti, Amd.Keb Ds.Semanding, Jombang Regency on April 11 2019. From objective data on physical examination general condition: good, awareness: composmentis, TTV: BP: 110/70 mmHg, N: 84x / minute, S: 36.5^oC, RR: 24x / minute, palpation of the abdomen feels full at the bottom, there are schibala.

Based on the objective data on Mrs "P" an abdominal palpation examination was carried out on the mother, namely Leopold I: in the fundus there was a round, not bouncy feeling (buttocks), the height of the uterine fundus was midway between the navel and Px. Leopold II: in one part of the mother's stomach it feels hard, long like a board (PUKA/PUKI). In one part of the mother's abdomen, small parts of the fetus (extremities) were felt. Leopold III: at the bottom, they felt round, hard, bouncy (head) and could still be shaken. Leopold IV: If the lowest part of the fetus has not entered PAP (Convergent) If the lowest part of the fetus has entered PAP (Divergent). TFU : Measured using metlin from Px to the symphysis in cm (31-32cm) TBBJ : If the lowest part of the fetus has not entered PAP ((TFU)-12) x 155=Normally 2,945- 3,100gram If the lowest part of the fetus has entered PAP ((TFU)-11)x155= Normally 3,100-3,255gram c) Auscultation (1) Chest: no rhonchi and wheezing sounds. (2) Abdomen : DJJ: 120-160 x/minute. d)

Percussion Patella reflex: + /+. On supporting examinations Supporting examinations (1) Blood type : O, A, B, AB (3) Reduction : - (negative) (2) HB : >11gr/dL (4) Albumin : - (negative 2. Interpretation of Basic Data

Based on facts case on Mrs "P" a diagnosis can be made, namely pregnancy with constipation. From subjective data, Mrs "P" said she had difficulty defecating for 4 days. From the objective data of Mrs "P" the results obtained were blood pressure 110/70 mmHg, pulse 84x/minute, breathing 24x/minute, temperature 36.8^oC, weight before pregnancy 75 kg, weight during pregnancy 75 kg, height 159 cm, LILA 34 cm, on physical examination the lower abdomen feels full.

3. Identify Diagnostics and Potential Problems

From Based on the data obtained, the diagnosis of the actual problem identified in Mrs. "P" was symptoms of constipation because the mother had difficulty defecating for 4 days. Then the diagnosis was Mrs. "P" G_{II}P₁₀₀₀₁34 weeks of gestation with constipation

4. Identification of Immediate Needs

In the literature review, identification of the immediate need for pregnant women with constipation is to get fluids urgently.

5. Intervention

From the diagnosis of existing problems, the authors develop a care plan to overcome the problems experienced by Mrs. "P" by setting goals and criteria to be achieved, setting these goals is intended to guide actions such as creating close relationships with mothers and introducing themselves, observing signs -vital signs, carry out head to toe examinations, explain to the mother about her current condition, explain to the mother about fulfilling nutrition and fluid intake Adequate nutrition is important to keep the stool soft enough to facilitate excretion through the lower intestinal tract. Raw fruits and vegetables add fiber and fluid to the stool. Foods containing fiber are not broken down during digestion. Explain the results of the examination to the mother, Explain to the mother about the nutritional needs of TRIMESTER III pregnant women, Provide counseling on danger signs of pregnancy TRIMESTER III, Teach pregnant women exercise, Facilitate mothers to carry out integrated ANC, Facilitate Fe, Calk, and Vit C tablets, pemb. And explain how to take the vitamin tablets. Inform the mother to make a repeat visit. Document inspection activity activities.

6. Implementation

The implementation of midwifery care is in accordance with what was planned by the previous author. The treatment is oriented towards the needs of the patient. This is also supported by cooperative patients in receiving explanations and actions from the author. Explaining to the mother the results of the examination, namely that the condition of the mother and fetus is good and normal, seen from TTV within normal limits, normal FHR and TBBJ according to gestational age b.

Explaining to mothers about the nutritional needs of pregnant women TRIMESTER III, namely consuming foods that contain carbohydrates, fats, protein such as rice, tempeh, meat, tofu, vegetables, fluid intake to drink 4-5 glasses a day, approximately 1000 cc a day usually eat rice with vegetables but rarely eat fruit, usually once every 3 days. c. Provide counseling on danger signs of pregnancy in the third trimester, namely discharge or blood from the birth canal before the time of delivery, the mother's vision is blurred, severe headaches, swelling in the face, fingers and toes, if the mother experiences one of the danger signs, come immediately health workers. d. Teach pregnant women exercise with movements such as: Sit up straight, legs straightened forward, pull your fingers towards the body slowly then forward, Sleep on your back, bend your right knee then move it slowly to the right then return it, and Lie on your side on your side with your knee in bend it for a comfortable way of sleeping. e. Facilitating mothers to perform integrated ANC to prevent complications during pregnancy. f. Facilitate Fe, Calk and Vit C tablets to

increase the need for vitamins in the mother's and fetus's body and explain how to take these vitamin tablets. g. Explain to the mother to make a repeat visit in 2 weeks or if there are complaints. h. Documenting inspection activities in the medical record as proof of accountability if something unexpected happens.

7. Evaluation

In the case review, the diagnosis of Mrs "P" G_{II}P₁₀₀₀₁34 weeks of gestation with constipation. The goal is successful within 1 x 60 minutes and monitoring for 4 days. The mother already knows the results of the examination that the condition of the mother and fetus is good and normal, and the mother feels happy. b. Mother already understands the nutritional needs of the mother at this time and every day the mother consumes foods such as rice, fish/meat, and vegetables. c. The mother already understands and can mention the danger signs that can occur in the third trimester of pregnancy d. Mothers are willing to do pregnancy exercises and can repeat the exercise movements themselves. e. Mother is willing to do integrated ANC. f. Mother is willing to take Fe, Kalk, and Vit C tablets. And mother already understands how to take these vitamin tablets because it can defecate smoothly. In the final stage is the evaluation, there are conclusions starting from the assessment until the patient recovers and finally documentation.

B. Discussion

At this stage of the review in the literature review, the clinical symptoms of constipation are difficulty defecating, feeling that defecation becomes difficult and painful, stools are hard, hot, darker in color, the amount is less than usual, when you want to defecate, the stool is difficult to expel or dispose of, the anus feels full, and as if something is blocking it, the stomach is bloated, full, and even feels stiff because of the pile of feces, lower back pain, the color of the stool is blackish (Helen Varney: 2006: 539). In the case review, the patient only complained of difficulty defecating, when he wanted to defecate, the stool was difficult to expel or dispose of, the anus felt full, and it seemed as if something was blocking it, the stomach

bloating, full, so the authors only improve nutritional adequacy and adequate rehydration to stimulate intestinal peristalsis so that defecation can return to normal. According to the theory, constipation that occurs during pregnancy occurs due to lack of nutrition, fluid intake. in the anamnesis, there were complaints of difficulty defecating for 4 days, and a palpation examination was carried out on the part of the stomach that felt full. Constipation occurs due to increased production of progesterone which causes smooth muscle tone to decrease, including in the digestive system, so that the digestive system becomes slow. Decreased smooth muscle motility can cause increased absorption of water in the large intestine so that the stool becomes hard. In addition, constipation occurs due to the mother's lack of activity, low fluid and fiber intake can also be a factor in constipation (Irianti, 2014). Progesterone causes the intestinal muscles to become weak and dry out so that leftover food becomes difficult and painful to remove (Wahyuni & Indarwati, 2011)

Based on the theory, the symptoms that occur in constipation include difficulty defecating, feeling that defecation becomes difficult and painful, stools are hard, hot, darker in color, the amount is less than usual, when you want to have a bowel movement, the stool is difficult to expel or dispose of, the anus feels full, and feels like something is blocking it, the stomach is bloated, full, and even feels stiff because of the pile of feces, lower back pain, blackish stool color.

According to the theory of identifying problems and potential diagnoses based on a series of potential problems and diagnoses that there are problems and the diagnosis is only an anticipation of prevention, if it really happens.

Based on the theory that to overcome the occurrence of constipation, the care plan that must be given is: by providing IEC counseling to the mother about the changes that occur in pregnancy that occur in TM I pregnancy, that constipation in this pregnancy is normal, drink lots of water 7-8 glasses / day, the benefits of apple juice and to consume apple juice every day (after waking up in the morning and one hour before going to bed). Constipation is a common problem experienced by pregnant and postpartum women. High pregnancy hormones make muscle movements in the large intestine slow down so that it interferes with normal activities. Iron tablets given by doctors usually also cause constipation problems, apart from that iron tablets will cause black stool (Atikah proverawati, 2009: 85)

To overcome the symptoms Constipation is thought to occur due to decreased peristalsis caused by relaxation of smooth muscle in the large intestine when there is an increase in the amount of progesterone. Displacement and pressure on the intestine due to enlargement of the uterus or the presenting part can also reduce motility in the gastrointestinal tract, causing constipation (Helen Varney: 2006: 539)

The results described in the intervention can be implemented. The author's evaluation while treating patients with home visits followed by control time did not find any abnormalities. In this case the problem of difficulty defecating is resolved due to the fulfillment of adequate fiber food (apple juice) and adequate fluid intake. This can be continuous with the success of the diagnosis. This is based on the implementation according to the procedure so that the outcome criteria described in the intervention can be implemented. Recommended food ingredients are

mashed rice, glutinous rice and oatmeal, bulgur, cassava, sweet potatoes, sesame, nuts, vegetables in raw form, especially those that cause gas (cabbage, mustard greens). Fruits eaten with their skins, such as guavas, apples, pears, wine, and stimulating spices (Atikah Proverawati, 2009: 87).

5. CONCLUSION

After carrying out midwifery care for Mrs. "P" G_{II}P_{1000I}At 34 weeks of gestation with constipation, it can be concluded that it is necessary to provide counseling in the form of explaining to the mother to eat fibrous foods and to fulfill adequate fluid intake to expedite the digestive process.

The results of the midwifery care that was given to Mrs. "P" in the form of apple juice which she drank every night before going to bed obtained an assessment of basic data and found objective data on constipation problems resolved within 1x60 minutes for 4 days and showed no abnormalities. Care plans can be implemented in this midwifery care.

In providing midwifery care to Mrs. "P" G_{II}P_{1000I}At 34 weeks of gestation with constipation, an evaluation was carried out according to the criteria set in the plan to assess the results. In this case, the goal criteria set were successful by being able to defecate smoothly.

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