



Use of Kb Implant In Palangga Gowa Health Center

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Abstract

The implant is a contraceptive device containing levonorgestrel which is wrapped in a silastic silicone capsule and placed under the skin. Types of Case Study Research. The aim of this research is to carry out midwifery care with Implant Installation Acceptors at the Pallangga Community Health Center, Gowa Regency using a Midwifery Care approach according to the midwife's competence and authority. This research method uses Varney's seven-step method which includes identification of basic data, formulating a diagnosis/actual problem, formulating a diagnosis/problem, immediate action/collaboration, implementation intervention, and evaluation of midwifery care for KB implant acceptors and documentation. The result is that the KB implant inhibits the release of eggs and ovaries by releasing progesterone slowly in the mother's body. Progesterone thickens the mucus and makes it difficult for the uterus to accept a fertilized egg. All care is documented with the results of midwifery care in the form of SOAP.

Keywords: KB Implant Use, Pregnant Women, Palangga Gowa Health Center

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1. Introduction

National family planning development is aimed primarily at improving the quality of human resources, the family as the smallest human resource has inner and outer ties.





Where humans are the development target in trying to realize the vision of national family planning, the vision of which has now been changed to "Quality families".

The figure for contraceptive use according to the World Health Organization in 2017 is estimated at 450 million people or around 50% of couples who are at risk of becoming pregnant. The specific methods used are voluntary female sterilization 30%, intrauterine devices 20%, oral contraceptives 16%, voluntary male sterilization 12%, condoms 11%, implants 18%, uterine coitus 9%, natural family planning methods 5%, methods vaginal barrier 2%, injectable contraception 25%, and other methods 2% (WHO, 2017).

Indonesia is the country with the largest population no. 4th in the world, namely 249 million people. Among ASEAN countries, Indonesia is the country with the largest population and the largest area, far above the other 9 member countries. With a fertility figure or Total Fertility Rate of 2.6. This figure is above the average TFR for ASEAN countries, namely 2.4 (World Population Data Sheet, 2013).

Indonesia based on SDKI (National Demographic and Health Survey) data shows that the trend in the prevalence of contraceptive use or contraceptive prevalence rate in Indonesia since 1991-2013 has tended to increase, while the trend in the fertility rate or total fertility rate has tended to decrease, this illustrates that the use of family planning is increasing in women aged 15- 49 years is in line with the decline in national fertility rates. Data from the National Population and Family Planning Agency shows that in 2013 there were 8,500,247 couples of childbearing age who were new family planning participants and almost half of them, 4,128,115 (48.56%) used injection contraceptive methods (Ministry of Health 2013).

Based on national recording and reporting by the National Population and Family Planning Agency in South Sulawesi Province in 2017, the percentage of active family planning participants in South Sulawesi tended to fluctuate, among new family planning participants, the percentage of contraceptive methods that were mostly used by injections was 50.69 %, the second most common method is PIL at 28.87%. The method most frequently chosen by new family planning participants was MOP at 0.11%, then MOW at





0.55% and condoms at 8.03%, implants at 11.75%. (South Sulawesi Health Profile, 2017).

From data obtained from the Makassar City Health Service, in 2016, the highest percentage of contraceptive methods/methods used by new participants was the injection method with 29,616 (54.80 %) participants, PIL with 14,636 (27.08%) participants. , and the least is MOP 22 (0.04%). (Makassar City Health Profile 2017).

A. Basic Concepts of Family Planning

1. Basic Concepts of Contraception

- a. Contraception is preventing the fertilization of an egg by a sperm cell (conception) or preventing the fertilized egg from attaching to the uterine wall. (Rinawati, 2013).
- b. Contraception or anticonception is a method, device, or medicine to prevent conception. (Sofian, 2015)

2. Basic Concepts of Family Planning

- a. The definition of family planning is an effort to increase awareness and role as a community through maturing the age of marriage (PUP), birth control, fostering family resilience, increasing the welfare of small, happy and prosperous families (Aniek Setyorini, 2014).
- b. Family planning is an attempt to explain or plan the number and spacing of pregnancies by using contraception (Sofian, 2015).

3. Objectives of the Family Planning Program

It should be noted that these objectives are closely related and are a continuation of the objectives of the 1970 family planning program, namely:

1. The demographic goal is to reduce the TFR in 200 by 50% from the TFR in 1970.
2. The aim of the philosophy is in the form of institutions and cultivating the norms of a happy and prosperous small family (NKKBS)
 - a. Pregnancy planning and preventing unwanted pregnancies
 1. Spacing and age of delivery.





2. The use of contraception is rational, effective and efficient.
3. Family planning services for poor families.
4. Men's involvement in pregnancy planning and men's involvement in family planning.
5. Decrease in pregnancies among young PUS.
6. Improving the health status of women and children by:
 - a) Setting the age at birth is not too young and not too old.
 - b) Setting the distance between pregnancies.
 - c) Male involvement in child pregnancy. Increased exclusive breastfeeding.
 - d) Prevention and protection of HIV and AIDS
7. Improve sexual health and satisfaction by:
 - a) Dual function condom.
 - b) Universal precaution program for preventing HIV and AIDS in family planning programs.
 - c) Use of contraception in PUS who want to postpone their first child.
 - d) Services and early detection of reproductive cancer.

4. Family Planning Program Targets

The targets for the national family planning program for the next five years as stated in the 2004-2009 RPJM are as follows:

- a. The national average population growth rate (LPP) has decreased to 14% per year.
- b. Reducing the birth rate total fertility rate to 2.2 per woman.
- c. Increase male family planning participants to 4.5%.
- d. Increase the use of effective and efficient contraceptive methods.
- e. Increasing family participation in fostering children's growth and development.
- f. Increasing the number of underprivileged and prosperous families 1 who are active in productive economic endeavors.





g. Increasing the number of community institutions in providing family planning and reproductive health services. (Aniek Setyorini, 2014).

5. Types of Contraception

a. Community methods

1. Interrupted intercourse (Coitus Interruptus) is a very popular method of interrupted intercourse and is probably the oldest known method of contraception in the world. This method has also been recommended for use since the time of the prophets. In France, in the 17th to 18th centuries, this was the main method for reducing the birth rate.

2. Postcoital douching (Postcoital Douche) is a method that has been used for a long time and was well known in medieval times for the purpose of determining the number of times the first fertile day and the last fertile day start using the formula above (Sofian, 2015).

b. Traditional method

1. The system for measuring basal body temperature is that body temperature is measured using a thermometer, when you wake up in the morning (in a state of complete rest), every day. The results of the measurement are recorded on a body temperature recording card (Sofian, 2015).

2. A condom is a condom also called coitus condomatusus or French Letter. According to ancient Egyptian history, condoms have been used in Egypt since 1350 BC. For the purpose of preventing the transmission of venereal disease to users, condoms made from sheep's skin have been used in England since the 18th century. Nowadays, condoms are made from thin rubber (latex), metal or plastic, but are quite strong and pleasant for the wearer.

3. Diaphragms made of rubber have been used since 1882 in Europe. The diaphragm is a modification from ancient times, namely to prevent sperm from entering, the copulatory canal is blocked with cloth (Sofian, 2015)

c. Modern methods





1. Hormonal

- a. Birth control pills should be avoided otherwise you should not use any type of hormonal birth control method.
- b. Birth control injection
 1. Combination birth control injections are a type of combination injection containing 25 mg depomedroxyprogesterone and 5 mg estradiol cypionate which is given by injection (shot) once a month.
 2. The three-month progestin birth control injection is a type of injection that only contains 150 mg of depot medroxyprogesterone which is given every three months by injection in the buttock area (Wening Sari, 2012)
- c. A subcutaneous contraceptive device is a contraceptive device that contains levonorgestrel which is wrapped in a silastic silicon (polydimethylsiloxane) capsule and placed under the skin (Nina Siti, 2013).

2. IUD/IUD

The IUD is the most widely used contraceptive device, because it is considered very effective in preventing pregnancy and has relatively many benefits compared to other contraceptive devices (Mulyani, 2013).

- a. Solid method
 1. Tubectomy is any action on both of a woman's fallopian tubes that results in the person concerned.
 2. Vasectomy is a clinical procedure to stop a man's reproductive capacity by occluding the vasculature so that transportation is hampered and the fertilization process (union with the ovum) does not occur (Rinawati, 2013)

B. Basic Concepts of Implant Birth Control

1. Understanding Contraceptive Implants





- a. Implant contraception is a contraceptive device that is placed under the skin. (Rinawati, 2013).
 - b. The implant is a contraceptive device containing levonorgestrel which is wrapped in a silastic silicone (polydimethylsiloxane) capsule and placed under the skin. (Mulyani, Rinawati, 2013).
2. Types of Implant Contraception
- a. Norplant, consists of 6 soft, hollow silastic rods 3.4 cm long, with a diameter of 2.4 mm, which are filled with 36 mg Levonorgestrel and have a duration of action of 5 years.
 - b. Implanon, consists of one flexible white stick with a length of approximately 40 mm and a diameter of 2 mm, which is filled with 68 mg 3 keto-dosogestrel and has a duration of action of 3 years.
 - c. Jadena and Indoplanon, consisting of 2 sticks filled with 75 mg Levonorgestrel with a working duration of 3 years. (Aniek Setyorini, 2014).
3. How the Contraceptive Implant works
- a. Inhibits ovulation or release of eggs.
 - b. Makes the endometrium or inner lining of the uterus not ready to accept unfertilized eggs.
 - c. Thickens the cervix so that it is difficult for sperm to enter.
4. Who Can Use Implants
- a. Women of reproductive age
 - b. Have or have not had children
 - c. Want long-term contraception (3 years for Jadena)
 - d. Breastfeeding and requiring contraception
 - e. Postpartum and not breastfeeding
 - f. Post miscarriage
 - g. Doesn't want any more children, but refuses steady contraception
 - h. History of ectopic pregnancy





- i. Blood pressure below 180/110 mmHg, with blood clotting problems, or sickle cell anemia.
 - j. You should not use hormonal contraceptives that contain estrogen. (Setiyaningrum, 2014)
5. Who Should Not Use Implants
- a. Pregnant or suspected of being pregnant.
 - b. Vaginal bleeding of unknown cause.
 - c. There is a lump or breast cancer or a history of breast cancer.
 - d. Unable to accept changes in menstrual patterns that occur.
 - e. Uterine myoma and breast cancer.
 - f. Mothers who have a history of hypertension.
 - g. Mother who has a history of diabetes mellitus. (Mulyani Rinawati, 2012).
6. Advantages and Disadvantages of Implant Contraception
- a. Benefits of Implant
 1. High usability.
 2. 5 years long term protection.
 3. Rapid return of fertility levels.
 4. Does not require internal inspection.
 5. Free from the influence of estrogen.
 6. Does not interfere with sexual intercourse.
 7. Does not interfere with breast milk production.
 8. Mothers only need to return to the clinic if there are complaints.
 9. Can be removed at any time according to needs.
 - b. Disadvantages of Implants
 1. The implant must be placed and removed by a trained healthcare professional.
 2. Health workers must be specially trained.
 3. The price of implants is expensive.
 4. Implants often change menstrual patterns.





5. The implant can be seen under the skin.

7. Side Effects of Implant Contraception

In most patients who use contraceptive implants, it can cause changes in menstrual flow in the form of bleeding or an increase in the amount of menstrual blood, as well as amenorrhea, resulting in complaints such as:

1. Headache or dizziness.
2. Weight gain or loss.
3. Breast tenderness or weight loss.
4. Changes in feelings (mood) or anxiety.
5. Requires minor surgery for implant insertion and removal.
6. Does not provide a protective effect against sexually transmitted infections including AIDS.
7. Patients cannot stop using this contraceptive themselves according to their wishes (Mulyani, 2013).

8 How to Install Implants

Several steps for installing implants

- a. Holding the scalpel at an angle of 45° , make a shallow incision that just penetrates the skin.
- b. The trocar is held with the sharp end facing upwards.
- c. With the sharp tip facing upwards and pushed in and inserted at the end of the trocar through the incision at a small angle starting from the right in a fan-like pattern with the trocar moving forward and stopping when the sharp tip is completely under the skin (2-3 mm from the end sharp tip) insert the trocar, do not force it against resistance, try from another angle.
- d. To place the capsule just under the skin, lift the trocar up so that the skin is lifted, insert the trocar slowly and carefully. The trocar must be shallow enough so that it can be touched from the outside with a finger. The trocar must always be visible lifting the skin during installation, trocar insertion will be smooth if it is in the right plane under the skin.





- e. When the trocar is in, remove the plunger from the trocar.
- f. Insert the first capsule into the trocar, use your thumb and forefinger or pincers or clamps to pick up the capsule and insert it into the trocar. If the capsule is taken by hand, make sure the glove is free from powder or other particles (to prevent the capsule from falling when inserted into the trocar, place it one hand under the capsule to catch it if it falls) push the capsule until it is all the way into the trocar and reinsert the plunger.
- g. Use the plunger to push the capsule towards the tip of the trocar until resistance is felt, do not push forcefully.
- h. Hold the plunger firmly in place with one hand to stabilize the trocar tube using the thumb and forefinger towards the incision wound.
- i. When the base of the trocar touches the push handle it should be visible at the edge of the incision wound and the capsule as it exits the trocar just under the skin, feel the tip of the capsule with your finger to ensure the capsule is out of the trocar.
- j. Without removing the entire trocar, turn the tip of the trocar to the right lateral direction and return it to its original position to secure the capsule with your finger, to ensure the first capsule is free, then slide the trocar around 15-24 °C to do this, first fix the first capsule with your index finger and Reinsert the trocar slowly along the side of the index finger, this will ensure the correct distance between the previously installed capsules, then insert the next capsule into the trocar and do as before until it is all installed.
- k. On the next pair of capsules, to reduce the risk of infection or expulsion, ensure that the tip of the capsule is closest to the edge of the wound.
- l. Before removing the trocar, feel the capsule to make sure the capsule is all in place.
- m. The tips of all capsules must not be at the edge of the incision wound (approximately 5mm). If a capsule comes out or is too close to the incision wound, it must be removed carefully and reinstalled in the correct place.





- n. After all the capsules are installed and the position of each capsule has been checked, gently press the incision site with your finger using gauze for 1 minute to stop the bleeding and clean the installation site with antiseptic gauze.
- o. Find the edges of both incisions and use a band aid or plaster with sterile gauze to cover the incision wound. The incision wound does not need to be stitched because it can create new tissue.

2. Research methods

Types of Case Study Research. Using Varney's seven-step method which includes identifying basic data, formulating a diagnosis, actual problems, formulating a diagnosis/problem, immediate action, collaboration, implementation intervention, and evaluation of midwifery care for KB implant acceptors and documentation.

To collect data, information in the study using techniques:

- a. Interview

The author conducts questions and answers with clients who can provide the information needed.

- b. Physical examination

Carry out systematic physical examinations on clients from head to toe through inspection, palpation, percussion and auscultation.

3. Results and Discussion

Prospective KB Implant Acceptors at Pkm Palangga using the 7 varney steps.

1. Providing counseling on types of contraception; Mother understood and chose the contraceptive implant.
2. Provide information about the procedure for installing the selected contraceptive device; I understand and want to cooperate.
3. Explain the advantages and limitations of types of contraception; Mothers understand the advantages and limitations of contraceptives.
4. Provide informed consent; Mother agreed to carry out the action.





5. Encourage the mother to wash the inside of her right upper arm; Mother has washed the inside of her right upper arm.
6. Place the birth control implant subcutaneously on the inside of the right upper arm; procedure is carried out.
7. Providing counseling after KB implant installation; Mother understands and is willing to do it.

Encourage the mother to come back if there are complaints; Mom is willing to do it.

Analysis and interpretation:

KB implants hinder cell release eggs and ovaries egg by releasing progesterone in a way slow in the mother's body. Progesterone thickens the mucus and makes it difficult for the uterus to accept a fertilized egg.

4. Conclusion

1. Identify obstetric diagnoses/problems, namely prospective birth control implant acceptors.
2. Placement of a subcutaneous birth control implant in the inner right upper arm.
3. The action plan in this case is to explain how to install birth control implants and the advantages and limitations.
4. The results of the evaluation after midwifery care were carried out were that the mother understood all the explanations given to her.
5. All care is documented with the results of midwifery care in the form of SOAP.

5. Compliance with ethical standards

Acknowledgments

The researcher would like to thank the Head of the Community Health Center and all parties who have helped carry out this research and hope that this research can be useful for the community and health workers, especially in providing health services to the community.

Disclosure of conflict of interest





This research collaboration is a positive thing for all researchers so that conflicts, problems and others are absolutely no problem for all writers.

Statement of informed consent

Every action we take as authors is a mutual agreement or consent.

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Book Source:

- Tri Ayu; Devin Mahendika; Nurul Aini Suria Saputri; Dr. M. Risal Tawil; Suratno Kaluku; Cut Mutia Tatisina; Egy Sunanda Putra; Lili Amaliah; Dr. Dwi Moerjoedianto; Dr. Djusmadi Rasyid; Lina Yunita. Sociocultural Dynamics Of Health. No. ISBN: 978-623-09-8156-2. <https://agdosi.com/2024/01/30/sociocultural-dynamics-of-health/>
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- Donny Aditia; Fransina Tubalawony; Son; Mochamad Robby Fajar Cahya; Nur Febrianti; Risca Hamdanesti; Goddess Kokmesa; Israel ; Kurniati Nawangwulan; Yusnita Yusufik. Wound Care And Treatment For Health. No. ISBN: 978-623-09-8231-6. <https://agdosi.com/2024/01/10/wound-care-and-treatment-for-health/>

