

Case Study: Midwifery Care of Trimester III Pregnant Women with Back Pain at Nana Diana Clinic, Medan City

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ABSTRACT

Pain in the back during pregnancy is often felt by most pregnant women who are entering the third trimester of pregnancy. Complaints of back pain caused because the enlargement of the uterus causes a strain on the muscles causing back pain. The purpose of this study was to carry out midwifery care through a comprehensive Varney midwifery care management mindset approach to pregnant women with complaints of back pain. The method used is a case study to explore the problem. The research subject is Mrs. N GIP0A0. This research was conducted in May 2021, at the Nana Diana clinic, Jl. Veteran, Pasar VIII, Medan City. Data collection techniques include primary data in the form of physical examination, interviews, observations, and secondary data in the form of literature and documentation studies. Data analysis was carried out by compiling a resume from interviews and examinations using Varney's 7-step management format, as well as development data in the form of SOAP. Midwifery care in Mrs. N's case, namely the third trimester pregnant woman with complaints of back pain used the Varney management principle and the care provided discussed the differences and gaps between theory and practice.

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INTRODUCTION

Pregnancy there are striking changes to the anatomical, physiological and biochemical adaptations experienced by pregnant women (Sutanto & Fitriana, 2018). Anatomical, physiological and biochemical adaptations that occur in women during pregnancy are so large, these changes occur after fertilization and continue throughout the pregnancy process (Rukiah et al., 2016).

Changes in the musculoskeletal system cause lordosis in the spine which is affected by the enlargement of the uterus (Purnamasari, 2019). Mothers during pregnancy need time to be able to adapt to the changes experienced, one of which is back pain in the third trimester of pregnancy.

Complaints of back pain are one of the conditions where mothers experience pain in the back area which is usually experienced in pregnant women who are entering the second and third trimesters of pregnancy, there are about 70% of pregnant women experiencing complaints of back pain even during intrapartum and postpartum (Puspasari, 2019).

Back pain is the discomfort felt by pregnant women in the form of pain in the back area, the pain will increase as the gestational age increases, this pain is affected by changes in the growing uterus which results in changes in body posture (Puspasari, 2019).

Back pain during pregnancy usually occurs in the joints and muscles in the pelvic bones and lower back which often results in pain when bending forward, lifting heavy objects, getting out of bed, or immediately standing up from a sitting position (Sutanto & Fitriana, 2018).

Based on data that has been studied in various regions, approximately 60-80% of pregnant women experience back pain in their pregnancy in Indonesia (Puspasari, 2019).

The cause of back pain is due to the enlargement of the uterus which causes strain on the muscles causing back pain. The cause of low back pain is due to changes in the endocrine system which cause changes in the supporting and connecting soft tissues resulting in decreased muscle

elasticity and flexibility. If complaints of back pain are not resolved, it will have an impact on reducing the quality of life of pregnant women because of the disruption of daily physical activity (Gozali et al., 2020).

Other factors that can cause back pain in pregnancy include hormonal changes, weight gain, fetal and uterine growth, changes in body posture, improper posture, standing too long, and bending can exacerbate back pain, stress, and rarely exercise. (Ruliati, 2019).

To reduce back pain in pregnant women, you can do the following things, for example:

1. Warm compresses

Warm compresses can be done to relieve back pain which can be done by using a towel then dipping it in warm water and then squeezing it or you can use a bottle filled with warm water with a temperature of 37-40°C on the surface of the back that is experiencing pain (Sari et al., 2020).

2. Endorphin Massage

Endorphin Massage is a gentle massage with a light touch in areas that experience pain, this massage can stimulate endorphins to relieve pain so that a feeling of comfort appears (Puspasari, 2019). Back massage can be done for 20-30 minutes to help reduce complaints of back pain during pregnancy (Ridawati et al., 2020).

3. Prenatal Yoga

Prenatal yoga can help stretch and relax muscles because it stimulates the release of endorphins which can make you feel comfortable, prenatal yoga can be done 1-2 times a week with a duration of 1-1.5 hours (Tanjung Fortune & Fitriani, 2019).

4. Body Mechanical Techniques

Body mechanics techniques for pregnant women who are correct in their activities can reduce complaints of back pain such as sitting, standing, walking. Meanwhile, improper body position is lifting objects on the floor and lying down (Rahayu et al., 2020).

5. Pelvic Rocking

Pelvic Rocking can reduce back pain by shaking the pelvis supervised by a professional trainer. Pelvic rocking can help the fetus move to a more comfortable position (Susanti & Apriani, 2019).

6. Pregnant gymnastics

Pregnancy exercise exercises that are done correctly can reduce complaints of back pain, pregnancy exercise exercises are said to be perfect if the implementation is arranged regularly and intensively, the time for carrying out pregnancy exercises is recommended when entering the third trimester of pregnancy, namely 28-30 weeks (Suryani, 2018).

Pregnancy exercise aims to strengthen and maintain the flexibility of the pelvic muscles so as to facilitate the delivery process and form the right posture, because the correct posture can reduce complaints of back pain in the second and third trimesters of pregnancy. (Palupi et al., 2017).

7. Acupressure techniques

Acupressure techniques are gentle massage and stimulation at certain points on the body to reduce pain, acupressure techniques can help reduce complaints of pregnant women during pregnancy such as nausea, vomiting and back pain. (Sukeksi et al., 2018).

By looking at the problems that are often experienced by pregnant women and the impact resulting from complaints of back pain that can interfere with the activities of pregnant women, the authors are interested in discussing midwifery care for third trimester pregnant women with back pain complaints.

The purpose of this study was to carry out midwifery care for pregnant women with back pain complaints at 36 weeks 1 day of gestation through the Varney midwifery care management mindset approach in continuity of care along with patient development notes in the form of SOAP.

METHOD

Approach

This case study research is a study to explore the problem of midwifery care for pregnant women with back pain complaints through a varney midwifery care management mindset approach in continuity of care. This research has passed the ethical test No.017/LPPM-UIM/VII/2021/e.

Location and Time of Case Study

This case study was conducted at the Nana Diana clinic on Jl. Veteran Pasar. VIII, Manunggal Village, Medan City from December to June 2021.

Case Study Subject

The research subject used was Mrs N G1P0A0 Gestational Age 36 weeks 1 day with back pain.

Instruments used

The instruments used in this case were the Varney 7-step assessment format for pregnant women and SOAP documentation for progress notes.

Data collection technique

a. Primary data

Primary data collection is obtained by conducting data analysis and observing the development of the client's health status. Subjective data were obtained by interviewing the patient in the form of direct questions and answers using assistive devices using the Varney and SOAP midwifery assessment format. Objective data is obtained through direct observation and examination of the client.

b. Secondary Data

Secondary data collection was carried out in two ways, namely data collection from patient status and patient register books in the midwifery room as well as a literature study on midwifery care for pregnant women with back pain and physiological adaptation of third trimester pregnant women.

Data analysis

Data analysis was carried out by creating narratives from the results of interviews and examinations using Varney's 7 steps. Data is presented using resumes and results of examinations and actions taken up to case progress notes in the form of SOAP. From the data presented, it is discussed and compared with the results of previous research and theoretically with health behavior.

RESULTS AND DISCUSSION

From the results of the study of subjective data on patients, it was found that Mrs. N Age 22 years G1P0A0 gestational age 36 weeks 1 day, came to the Nana Diana clinic on May 8 2021 at 09.00 WIB with complaints of back pain. Mrs. N said this visit was his third visit. The mother said HPHT on August 8 2020. From the results of the examination, the results showed BP: 120/80 mmHg, N: 77 x/minute, S: 36.50C, RR: 24 x/minute, TFU 31 cm, single fetus, alive, intra uteri, right back, longitudinal position, head has entered PAP, mother and fetus are in good condition.

The diagnosis in this case is Mrs. N, 22 years old G1P0A0, gestational age 36 weeks 1 day, TFU 31 cm, mother's right back (PU-KA), head presentation, head has entered the pelvic inlet, DJJ 145x/minute, longitudinal position, single fetus, intrauterine life uterus, the condition of mother and fetus is good.

Problem: Mother feels pain in the back. The immediate need for Mrs "N" is the management of reducing back pain in the third trimester of pregnancy in the form of rubbing the back when pain appears, maintaining posture by keeping the spine straight and not bending, compresses using warm water when pain appears, pregnancy exercise, prenatal yoga, acupuncture techniques, and

pelvic rocking by shaking the pelvis and provide counseling to mothers about the adaptation to physiological changes in the third trimester of pregnancy.

The theory states that back pain is a physiological condition that usually occurs in pregnant women who are entering the second and third trimesters of pregnancy. (Purnasari, 2019)

Care planning to be given to Mrs. N is the management of reducing back pain by stroking the back when pain occurs, maintaining posture by keeping the spine straight and not bending, compresses using warm water when pain appears, pregnancy exercise, prenatal yoga, acupressure techniques, and pelvic rocking by shaking your hips and provide counseling to mothers about the adaptation to physiological changes in the third trimester of pregnancy.

Implementation according to the theory, namely: Rubbing the back when pain appears, maintaining posture by keeping the spine straight and not bending, and compresses using warm water.

All care plans have been carried out in accordance with current theory in the field. The theory says that midwifery care is said to be successful if it can save the mother and improve the mother's condition. The reality in the field, after midwifery care was carried out, the mother's condition was getting better, this could be seen from the mother's development data in the form of SOAP at the pregnancy visit on May 15, 2021. From the results of the mother's history, it said that back pain had been resolved, the mother had already taken the midwife's advice to overcome the discomfort that experienced, namely rubbing the back when pain appears, maintaining body posture by keeping the spine straight and not bending, and compresses using warm water.

Thus midwifery care for Mrs. "N" G1P0A0 Gestational age 36 weeks 1 day with complaints of pain in the back can be overcome.

CONCLUSION

At the data review stage of pregnant women with back pain, there was no gap between the theory and the cases handled. Diagnosing the problem does not find a gap between the theory and the cases being studied. No gaps were found between theory and land regarding diagnoses or potential problems in Ny. N. The immediate action given to Mrs. N in the field is also in accordance with the theory. At the planning stage, there was no gap between theory and cases in the field. The action on Mrs. N was carried out in accordance with the action plan that had been made. In the evaluation step, there was no gap between the theory and the cases being studied.

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