The 6th Mitra Husada Health International Conference (MiHHICo) 2026
Volume 6 (2026) ISSN: 2988-3768

MIDWIFERY MANAGEMENT OF A 45-YEAR-OLD WOMAN WITH UTERINE MYOMA: A CASE STUDY

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ABSTRACT

Uterine myoma is a benign tumor of the female reproductive system that may cause abnormal uterine bleeding and severe anemia. Persistent blood loss can result in hemodynamic instability and decreased quality of life. Objective: To describe the implementation of Helen Varney's midwifery management in a patient with myoma-induced severe anemia at RSU Haji Medan. Methods: This study employed a descriptive case study design involving a 45-year-old woman diagnosed with uterine myoma complicated by severe anemia (Subakti, 2025)Data were collected through anamnesis, physical examination, observation, laboratory investigations, and documentation review using Helen Varney's seven-step management approach. Results: The patient presented with prolonged vaginal bleeding for one week, lower abdominal pain, weakness, nausea, and pallor. Physical examination revealed blood pressure of 91/62 mmHg, pulse rate of 105 beats/minute, respiratory rate of 24 breaths/minute, pain scale of 7/10, and hemoglobin level of 5.4 g/dL indicating severe anemia. Midwifery management included monitoring vital signs and bleeding, pain assessment, nutritional counseling, psychological support, patient education, and collaboration with obstetricians regarding blood transfusion and definitive treatment. Conclusion: Helen Varney's midwifery management facilitated comprehensive assessment, early detection of complications, and collaborative interventions, contributing to stabilization of the patient's condition and prevention of further complication (Sarumpaet *et al.*, 2025)

Keywords: uterine myoma, severe anemia, abnormal uterine bleeding, midwifery management, case study

INTRODUCTION

Uterine myoma is the most common benign tumor found in the female reproductive system and originates from the smooth muscle cells of the myometrium. Although benign, uterine myoma can reduce women's quality of life due to symptoms such as abnormal uterine bleeding, pelvic pain, pressure effects on surrounding organs, infertility, and severe anemia (Ginting S.S,T.2024). Epidemiological studies estimate that approximately 20–40% of women of reproductive age experience uterine myoma. In the United States, the prevalence reaches 60% among African American women at the age of 35 years and increases to more than 80% (S.N, 2024)

the age of 50 years, whereas among Caucasian women, the prevalence approaches 70% by the age of 50 years. In Indonesia, the exact prevalence of uterine myoma remains unclear due to limited epidemiological data (Mastaida *et al.*, 2024). However, uterine myoma is one of the most frequently encountered gynecological conditions in various healthcare facilities and serves as a major cause of abnormal uterine bleeding, anemia, and hysterectomy among women aged over 35 years(Fegita, 2024).

Research Method

This research adopted a descriptive case study design to explore the provision of comprehensive midwifery care for a patient diagnosed with uterine fibroids (myoma uteri) through the application of Helen Varney's midwifery management model (Tambun, 2023). The case involved Mrs. R, a 45-year-old woman who was admitted to Jabal Uhud Ward at Haji General Hospital Medan in July 2025 with a confirmed diagnosis of uterine fibroids.(Nadila and Zulala, 2024)

Data collection was carried out using a comprehensive assessment approach, including history taking, physical examination, direct clinical observation, review of medical records, and evaluation of relevant diagnostic findings. The information gathered comprised both subjective and objective data, including demographic characteristics, medical and reproductive history, presenting complaints, general health status, vital signs, clinical examination results, and laboratory investigations. (Vidya Ananda, Sri Sumaryani and Eny Hernani, 2024)

Subsequently, the data were analyzed systematically according to Helen Varney's seven-step midwifery management process, encompassing assessment, data interpretation, identification of actual and potential problems, immediate management, care planning, implementation of interventions, and evaluation of outcomes (Kamelia Sinaga, Imran Surbakti, Nurazizah, 2025)

The midwifery care delivered was directed toward addressing the patient's physical, psychological, and educational needs
through continuous clinical monitoring, complication prevention, health promotion, emotional support, and interdisciplinary collaboration in the management of uterine fibroids. Ongoing evaluation was undertaken to determine the effectiveness of the interventions based on the patient's clinical response and the achievement of the expected care outcomes.(Fiandari and Handayani, 2026)(Putri and Dewi, 2025).

Ethical standards were observed throughout the study, including safeguarding patient confidentiality, respecting the patient's autonomy and rights, and obtaining informed consent prior to the provision of care. The findings of this case study are presented descriptively to provide a comprehensive overview of the application of midwifery management in the care of a patient with uterine fibroids at Haji General Hospital Medan in 2025.

Result

The patient was a 45-year-old unmarried woman admitted to RSU Haji Medan with complaints of vaginal bleeding for one week accompanied by lower abdominal pain, weakness, nausea, and pallor. The patient reported that the bleeding interfered with her daily activities. She had a history of uterine myoma diagnosed three years previously. (Sarumpaet *et al.*, 2025)

Physical examination showed that the patient was conscious and cooperative. Vital signs revealed blood pressure of 91/62 mmHg, pulse rate of 105 beats/minute, respiratory rate of 24 breaths/minute, temperature of 36.7°C, and oxygen saturation of 99%. The patient appeared pale with conjunctival pallor. Abdominal examination revealed enlargement of the lower abdomen with a palpable solid mass and tenderness. Vaginal examination demonstrated active vaginal bleeding. Laboratory investigation revealed a hemoglobin level of 5.4 g/dL, indicating severe anemia. Based on the assessment findings, the midwifery diagnosis was a 45-year-old woman with uterine myoma complicated by abnormal uterine bleeding and severe anemia.

Midwifery interventions included monitoring vital signs, assessing the amount of bleeding, monitoring signs of worsening anemia, assessing pain intensity, providing emotional support, encouraging adequate rest, educating the patient regarding uterine myoma and anemia, promoting iron-rich nutrition, and collaborating with obstetricians regarding blood transfusion and further medical management

RESULTS AND DISCUSSIONS

Discussion

This case demonstrates the significant impact of uterine myoma on women's reproductive health, particularly through abnormal uterine bleeding leading to severe anemia. The patient experienced prolonged vaginal bleeding for one week, resulting in a hemoglobin level of 5.4 g/dL. This finding indicates severe anemia and requires immediate attention to prevent life-threatening complications. (Nisa and Albin, 2026)

Clinical manifestations observed in this patient, including pallor, weakness, tachycardia, hypotension, and lower abdominal pain, are consistent with the physiological consequences of chronic blood loss. The presence of a palpable pelvic mass further supported the diagnosis of uterine myoma as the underlying cause of the bleeding.(Shariff *et al.*, 2025)

Helen Varney's midwifery management approach enabled systematic assessment and comprehensive care. Continuous monitoring of vital signs and bleeding status was essential for early identification of deterioration. Nutritional counseling and psychological support contributed to improving the patient's understanding of her condition and enhancing adherence to treatment recommendations. Collaboration between midwives and obstetricians played an important role in the management of severe anemia and preparation for definitive treatment. This multidisciplinary approacis essential in preventing complications and improving patient outcomes(Putri and Dewi, 2025)

Conclusion and Suggestion

Uterine myoma may cause prolonged abnormal uterine bleeding resulting in severe anemia. In this case, a 45-year-old woman experienced severe anemia with a hemoglobin level of 5.4 g/dL secondary to uterine myoma. Helen Varney's midwifery management approach facilitated comprehensive assessment, monitoring, education, and collaborative care (K. S. 2024,)

The implementation of appropriate midwifery interventions contributed to stabilization of the patient's condition and prevention of further complications. Midwives should strengthen early detection of abnormal uterine bleeding among women approaching menopause and provide prompt referral when severe anemia is identified. Comprehensive midwifery care and multidisciplinary collaboration are recommended to improve maternal reproductive health outcome.(Fiandari and Handayani, 2026)

APPRECIATE

The author wishes to extend sincere appreciation to the preceptor lecturer for the continuous guidance, professional mentorship, and valuable feedback provided throughout the delivery of midwifery care and the preparation of this case study. Special thanks are also addressed to the Head of the Diploma III Midwifery Study Program for the academic guidance, motivation, and support that

contributed significantly to the completion of this article.The author is likewise deeply grateful to the Chairperson of STIKes Mitra Husada Medan for the institutional support, facilities, and opportunities made available during the conduct of this study. In addition, the author would like to acknowledge all healthcare (Sinaga R, 2023)

Personnel and individuals whose cooperation, assistance, and encouragement played an important role in the successful completion of this case report.

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