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MIDWIFERY CARE MANAGEMENT OF PREGNANT WOMEN WITH HEMORRHOIDS AT HAJI MEDAN HOSPITAL 2025

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ABSTRACT

Background: Hemorrhoids are one of the most common anorectal disorders experienced during pregnancy, particularly in the third trimester. Physiological and hormonal changes during pregnancy increase the risk of constipation, which contributes to the development of hemorrhoids. This condition may cause pain, rectal bleeding, discomfort, and decreased quality of life in pregnant women. Early detection and appropriate management are important to prevent complications and improve maternal well-being. **Objectives:** To describe the management of midwifery care for a pregnant woman with hemorrhoids at Haji General Hospital Medan in 2025. **Methods:** This study employed a descriptive case study approach. Data were collected through interviews, physical examinations, observation, and review of medical records. Midwifery management was carried out using the Varney Midwifery Management Process. **Results:** Mrs. M, 32 years old, G2P1A0, at 34 weeks of gestation, presented with complaints of rectal bleeding, anal pain, constipation, and weakness. Physical examination showed blood pressure 90/70 mmHg, pulse 96 beats/minute, respiratory rate 20 breaths/minute, and temperature 36°C. A hemorrhoidal mass with fresh rectal bleeding was observed. Midwifery care included assessment of maternal condition, monitoring of vital signs, pain management, observation of bleeding, health education regarding hemorrhoids, dietary counseling with increased fiber and fluid intake, and collaboration with physicians for further management. **Conclusions:** Comprehensive midwifery care and collaborative management are essential in reducing symptoms, preventing complications, and improving the quality of life of pregnant women with hemorrhoids.

Keywords: Hemorrhoids; Pregnancy; Midwifery Care; Constipation; Case Study

INTRODUCTION

Pregnancy is a physiological process that causes various anatomical, hormonal, and physiological changes in a woman's body.(E-issn, 2023) These changes support fetal growth and development but may also increase the risk of several health problems during pregnancy. One of the common disorders experienced by pregnant women, especially in the third trimester, is hemorrhoidal disease. The increasing size of the uterus, hormonal influences, and decreased gastrointestinal motility contribute to constipation and the development of hemorrhoids (Luo *et al.*, 2023)

Hemorrhoids are swollen vascular structures in the anal canal that may cause pain, discomfort, itching, and rectal bleeding. The incidence of hemorrhoids tends to increase during pregnancy because of elevated intra-abdominal pressure and venous congestion. If not managed appropriately, hemorrhoids can interfere with daily activities, reduce quality of life, and increase the risk of anemia due to recurrent bleeding (Esmaeilnia Shirvani *et al.*, 2024)

In Indonesia, hemorrhoids remain a common health problem among pregnant women. Constipation during pregnancy is one of the major contributing factors, causing pregnant women to strain excessively during defecation. Recurrent bleeding from hemorrhoids may lead to fatigue, weakness, and decreased maternal well-being. Therefore, early detection and appropriate management are necessary to prevent further complications *(*Hadinata *et al*., 2024)

Several interventions have been recommended for the management of hemorrhoids during pregnancy, including increasing dietary fiber intake, maintaining adequate hydration, improving bowel habits, and providing health education.Conservative management is considered the first-line treatment because it is safe for both mother and fetus and effective in reducing symptoms and preventing disease progression (Poskus *et al.*, 2022)

Previous studies have reported that conservative therapy can effectively reduce pain, bleeding, and constipation in patients with hemorrhoids. However, reports regarding comprehensive midwifery management of hemorrhoids during pregnancy are still limited. Therefore, this case study was conducted to describe the implementation of midwifery care for a pregnant woman with hemorrhoids at Haji General Hospital Medan in 2025.

Based on the background above, the research problem is "How is the management of midwifery care for a pregnant woman with hemorrhoids at Haji General Hospital Medan in 2025?" The objective of this study is to describe the implementation of midwifery care using the Varney Midwifery Management Process. The findings are expected to contribute to the improvement of maternal healthcare services and serve as a reference for the management of hemorrhoids during pregnancy.(Alfonso *et al.*, 2024)

METHODS

This study employed a descriptive case study design to describe the management of midwifery care for a pregnant woman with hemorrhoids during the third trimester at Haji General Hospital Medan in 2025. The case study was conducted on December 2, 2025, in the Shafa Marwah Ward of Haji General Hospital Medan (Annisa *et al*., 2022)

The participant was Mrs. M, a 32-year-old pregnant woman with obstetric status G2P1A0 at 34 weeks of gestation who presented with rectal bleeding during defecation, anal pain, constipation, and weakness. The participant was selected using purposive sampling based on the suitability of the case with the study objectives (Kedokteran *et al.*, 2021)

Subjective data were collected through interviews regarding the chief complaint, medical history, and obstetric history, while objective data were obtained through physical examinations, vital sign assessments, observation of hemorrhoidal conditions, and review of medical records. The instruments used included midwifery assessment forms, observation sheets, patient medical records, a sphygmomanometer, thermometer, and tools for measuring pulse and respiratory rates (November *et al.*, 2023)

Data analysis was performed using the Varney Midwifery Management Process, including assessment, data interpretation, identification of actual and potential problems, immediate actions, planning, implementation, and evaluation of care. Ethical principles were maintained by ensuring patient confidentiality and using all information solely for academic and scientific purposes (Sains *et al.*, 2024)

RESULTS

Case Presentation

Mrs. M, a 32-year-old pregnant woman with obstetric status G2P1A0 and a gestational age of 34 weeks, was admitted to Haji General Hospital Medan on December 2, 2025, with complaints of rectal bleeding during defecation, anal pain, constipation, and weakness. Physical examination showed a blood pressure of 90/70 mmHg, pulse rate of 96 beats per minute, respiratory rate of 20 breaths per minute, and body temperature of 36°C. Examination of the anal region revealed a hemorrhoidal mass accompanied by fresh rectal bleeding. Based on the assessment findings, the patient was diagnosed with hemorrhoids during the third trimester of pregnancy and received comprehensive midwifery care and collaborative management.

Table 1.Maternal Examination Findings

Variable	Findings
Age	32 years
Obstetric Status	G2P1A0
Date of Visit	Desember 02, 2025
Gestasional Age	34 weeks
Blood Pressure	90/70 mmHg
Pulse Rate	96 breaths/minute
Respiratory Rate	20 breaths/minute
Temperature	36°C
Chief Complaints	Rectal bleeding, anal pain, constipation, weakness
Physical Examination	Physical Examination
Diagnosis	Hemorrhoids in the third trimester of pregnancy

Based on subjective and objective assessment findings, Mrs. M was diagnosed with hemorrhoids during the third trimester of pregnancy. The patient was in fair general condition and complained of rectal bleeding during defecation, anal pain, constipation, and weakness. Midwifery care provided included monitoring the patient's condition and vital signs,

assessing the characteristics of rectal bleeding, providing education about hemorrhoids during pregnancy, counseling on increasing fluid intake and consuming a high-fiber diet, encouraging adequate rest and proper bowel habits, and collaborating with physicians for further management and treatment.

DISCUSSION

The assessment results in Mrs. M showed hemorrhoids in the third trimester, with complaints of rectal bleeding during defecation, anal pain, constipation, and weakness. This condition is commonly associated with increased intra-abdominal pressure, hormonal changes, and impaired venous return during late pregnancy, especially in the third trimester (Esmaeilnia Shirvani *et al.*, 2024)

The diagnosis of hemorrhoids in this case was based on subjective complaints and physical examination findings that revealed a hemorrhoidal mass with fresh rectal bleeding. A comprehensive antenatal assessment is important to identify maternal discomforts early and prevent further complications during pregnancy (Evayanti and Ediyono, 2024)

Constipation was identified as one of the contributing factors in this case. Pregnant women often experience constipation due to hormonal changes that decrease intestinal motility and pressure from the enlarging uterus on the digestive tract, which can increase straining during defecation and worsen hemorrhoidal symptoms (Annisa, Fauzan and Yuliansyah, 2022)

Midwifery care provided in this case included health education about hemorrhoids, counseling on adequate fluid intake, encouragement to consume high-fiber foods, and education on proper bowel habits. Health education can improve maternal knowledge and support healthy behaviors that help reduce the severity of hemorrhoidal symptoms during pregnancy (Evayanti and Ediyono, 2024)

Collaboration with physicians was also carried out to ensure appropriate management and monitoring of the patient's condition. Collaborative care between midwives and other health professionals plays an important role in improving maternal comfort and preventing complications associated with hemorrhoids during pregnancy (Bužinskienė *et al.*, 2022)

Overall, the management provided in this case was in line with comprehensive midwifery care principles. Early detection, continuous monitoring, health education, nutritional counseling, and collaborative care are important strategies to improve maternal well-being and reduce the impact of hemorrhoids during pregnancy (Damayani *et al.*, 2025)

CONCLUSIONS

The management of midwifery care for Mrs. M, a 32-year-old pregnant woman, G2P1A0, at 34 weeks of gestation with hemorrhoids, was carried out through comprehensive assessment, monitoring, health education, and collaboration with the physician. Assessment findings revealed rectal bleeding, anal pain, constipation, and weakness, indicating hemorrhoids during the third trimester of pregnancy.

Early detection and appropriate management played an important role in preventing complications such as anemia and worsening discomfort. The care provided included monitoring vital signs, observing bleeding, assessing pain, promoting a high-fiber diet and adequate fluid intake, and educating the patient to avoid excessive straining during defecation.

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Comprehensive midwifery care, interdisciplinary collaboration, and regular follow-up are essential to improve maternal comfort and prevent further complications, thereby supporting a healthy pregnancy and maternal well-being.

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CONFLICT OF INTEREST AND FUNDING DISCLOSURE

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AUTHOR CONTRIBUTIONS

Siti Yupa Mumthanna (SYM): Conceptualization, investigation, data collection, methodology, formal analysis, writing—original draft preparation, and writing—review and editing.

Nopalina Suyanti Damanik (NSD): Supervision, validation, methodology review, critical revision of the manuscript, and final approval of the article for publication.

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