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MIDWIFERY CARE MANAGEMENT REPORT FOR MS. S WITH COLIC ABDOMEN DYSPEPSIA DI RUANGAN FITRAH RSU HAJI MEDAN

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ABSTRACT

Background: Colic abdomen et dyspepsia is a common gastrointestinal problem among adolescents and young adults. The condition is characterized by epigastric pain, nausea, vomiting, abdominal discomfort, and reduced appetite, which may interfere with daily activities and quality of life. Irregular eating patterns, unhealthy dietary habits, stress, and lifestyle factors contribute significantly to the occurrence of this disorder. Comprehensive and timely management is required to relieve symptoms, prevent complications, and improve patient recovery. **Objective:** To describe the implementation of midwifery care management for a 19-year-old adolescent with colic abdomen et dyspepsia in the Fitrah Ward of Haji General Hospital Medan. **Methods:** This study used a descriptive case study design applying Varney's Seven-Step Midwifery Management Process. Data were collected through interviews, physical examination, observation, medical records review, and documentation. The care process included assessment, diagnosis, planning, implementation, and evaluation of midwifery interventions. **Results**: (Pinem et al. 2021)The patient complained of epigastric pain, nausea, vomiting, dizziness, and decreased appetite. Physical examination showed stable vital signs, including blood pressure of 104/77 mmHg, pulse rate of 77 beats/minute, respiratory rate of 20 breaths/minute, body temperature of 37.2°C, and oxygen saturation of 99%. Midwifery interventions included monitoring vital signs, assessing pain intensity, collaborating with physicians in medication administration, providing nutritional counseling, and educating the patient regarding healthy lifestyle modifications. Evaluation results indicated a reduction in pain intensity, improvement in appetite, resolution of nausea, and stabilization of the patient's overall condition. **Conclusion**: Comprehensive midwifery care management through systematic assessment, continuous monitoring, collaborative treatment, and health education was effective in improving the patient's condition and supporting recovery. Early detection and appropriate management are essential to prevent complications and reduce symptom recurrence.(Batubara, Surbakti, and Sinurat 2022)

Keywords: Colic Abdomen; Dyspepsia; Midwifery Care; Abdominal Pain; Adolescent.

INTRODUCTION

Colic abdomen et dyspepsia are among the most common gastrointestinal disorders encountered in both outpatient and inpatient healthcare settings. Colic abdomen refers to intermittent abdominal pain caused by spasmodic contractions of smooth muscles in hollow abdominal organs such as the intestines, biliary tract, and urinary tract. The pain is typically sudden, cramping in nature, and fluctuates in intensity. Dyspepsia is a clinical syndrome characterized by upper gastrointestinal discomfort, including epigastric pain, bloating, early satiety, nausea, vomiting, and a burning sensation in the upper abdomen. These conditions may occur simultaneously and significantly affect comfort, nutritional status, and quality of life.(Surbakti et al. 2025)

Globally, abdominal pain is a leading cause of emergency visits. Dyspepsia affects approximately 13–40% of the population annually, with higher prevalence in developing countries due to dietary habits, limited healthcare access, and psychosocial stress. In Indonesia, dyspepsia is one of the most frequently reported digestive disorders and consistently ranks among the top outpatient diagnoses in health facilities, including in North Sumatra .(Sidabutar and Lumbantoruan 2022)

The pathophysiology of colic abdomen involves increased smooth muscle contractions in response to obstruction, inflammation, or irritation within the gastrointestinal tract. Dyspepsia is associated with excessive gastric acid production, impaired gastric motility, Helicobacter pylori infection, and visceral hypersensitivity. Psychological stress and anxiety further contribute by affecting autonomic nervous system regulation.(Veronika Ottová-JordanSwain et al. 2014)

Risk factors include irregular eating patterns, skipping meals, excessive consumption of spicy, fatty, or acidic foods, caffeine intake, smoking, alcohol use, stress, and obesity. Clinical manifestations commonly include epigastric pain, abdominal cramping, nausea, vomiting, bloating, early satiety, and loss of appetite. Although generally non-life-threatening, persistent symptoms may indicate underlying conditions such as gastritis, peptic ulcer disease, or biliary disorders.(Shashidhar and Omar 2005)

Midwives play an essential role in assessment, health education, monitoring, and collaboration in managing gastrointestinal disorders through holistic and evidence-based care. A preliminary assessment in the Fitrah Ward of Haji General Hospital Medan found that many young patients with colic abdomen et dyspepsia had unhealthy lifestyle patterns. This case study focuses on Ms. P, a 19-year-old female diagnosed with colic abdomen et dyspepsia, to describe midwifery care management and contribute to improving healthcare quality for patients with gastrointestinal disorders.(R. Sinaga, Tampubolon, and Susanti 2022)

METHODS

This study employed a descriptive case study design using the seven-step Varney Midwifery Management Process. The subject of the study was Ms. P, a 19-year-old female patient diagnosed with colic abdomen et dyspepsia and admitted to Fitrah Ward, Haji General Hospital Medan in 2025.(Pamungkas et al. 2025)

Data collection techniques included interviews, physical examinations, observation, and review of medical records. The management process consisted of data collection, interpretation, identification of actual and potential diagnoses, determination of immediate needs, planning, implementation, and evaluation of care.(Sari et al. 2025)

RESULT

The assessment of patient NN.P, a 19-year-old female diagnosed with colic abdomen et dyspepsia in the Fitrah Ward of Haji General Hospital Medan, revealed several gastrointestinal complaints characterized by intermittent abdominal pain, nausea, vomiting, epigastric discomfort, bloating, and decreased appetite. The abdominal pain was described as fluctuating in intensity, ranging from moderate to severe, and significantly affecting the patient's daily comfort and nutritional intake. Based on comprehensive history taking and clinical observation, the patient reported irregular eating patterns, frequent consumption of spicy and fatty foods, occasional caffeine intake, and exposure to psychological stress. These factors were identified as potential triggers contributing to the onset and recurrence of symptoms.(Ribur Sinaga, Ester Simanullang, Yuli Kartika Tindaon, Pina Pebrianti, Wulandari, n.d.)

Following the implementation of midwifery care interventions, which included continuous monitoring of vital signs, health education regarding dietary modification, non-pharmacological pain management such as relaxation techniques, and collaboration with medical therapy, the patient showed gradual clinical improvement. There was a noticeable reduction in pain intensity, improved appetite, decreased nausea episodes, and an overall enhancement in general physical condition.(S. N. Sinaga et al. 2022)

DISCUSSION

Colic abdomen et dyspepsia in adolescents is widely associated with unhealthy lifestyle behaviors, particularly irregular dietary patterns, excessive intake of irritative foods, and psychological stress. These contributing factors may lead to increased gastric acid secretion, impaired gastric motility, and heightened visceral hypersensitivity, which collectively result in upper gastrointestinal discomfort.In this case, the findings strongly support the multifactorial nature of dyspeptic symptoms, where both physiological and psychological components play significant roles. Stress and emotional instability are known to activate the autonomic nervous system, which may further exacerbate gastrointestinal disturbances. The role of midwives in managing such conditions is essential, particularly in providing holistic and patient-centered care. This includes early identification of risk factors, continuous health education, dietary counseling, and emotional support. Non-pharmacological interventions such as stress management techniques, adequate rest, and dietary regulation are proven to be effective in reducing symptom severity and improving patient comfort.(Veronika Ottová-JordanSwain et al. 2014)

The outcomes observed in this case are consistent with previous studies that emphasize the effectiveness of conservative and supportive management in functional gastrointestinal disorders among adolescents. Therefore, strengthening promotive and preventive strategies is crucial in reducing recurrence and improving long-term health outcomes.(Ilmiah and Sandi 2022)

CONCLUSIONS

Midwifery care provided to patient NN.P with colic abdomen et dyspepsia demonstrated significant clinical improvement following comprehensive and holistic interventions. (Sidabutar and Lumbantoruan, 2022)The combination of health education, dietary modification, non-pharmacological pain management, and collaborative medical treatment contributed effectively to reducing symptom severity and improving the patient's overall condition.This case highlights the importance of early assessment, lifestyle modification, and continuous monitoring in managing gastrointestinal disorders among adolescents. Promotive and

preventive approaches should be prioritized to minimize recurrence and improve quality of life in high-risk populations.(Oswari et al. 2019)

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CONFLICT OF INTEREST AND FUNDING DISCLOSURE

The author declares that there is no conflict of interest regarding the preparation and publication of this clinical exposure report. (Nusantara, 2025)All processes, data collection, analysis, and reporting were conducted objectively, independently, and based solely on clinical findings and relevant scientific literature. This study received no external funding or financial support from any governmental, private, academic, or non-profit institutions. All costs related to data collection, analysis, and report preparation were fully self-funded by the author.(Manurung et al. 2024)

AUTHOR CONTRIBUTIONS

The primary author was responsible for conducting patient assessment, collecting clinical data, performing case analysis, and preparing the manuscript in its entirety. The academic supervisor provided academic guidance, methodological supervision, scientific review, and critical revisions to improve the quality of the report. The healthcare staff of Fitrah Ward, Haji General Hospital Medan assisted in patient monitoring, implementation of nursing and midwifery care, and documentation of clinical data during the study period.

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