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CASE STUDY ON THE HANDLING OF ALBUS FLOUR IN WOMEN'S REPRODUCTIVE HEALTH ISSUES

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Abstract

Flour Albus has symptoms such as excessive discharge resembling milk, excessive discharge that is white-greenish or yellowish and has an unpleasant odor, discharge accompanied by lower abdominal pain or pain in the lower back, discharge that is either scant or abundant in the form of pus, pain and heat during urination or during sexual intercourse, brownish discharge (blood) occurring during intercourse, and discharge mixed with blood accompanied by a distinctive odor due to dead cells. One of the efforts that can be made to address flour albus pharmacologically and non-pharmacological approaches. The aim of this research is to understand how to address the issue of flour albus in women. This research is a descriptive qualitative study using a case study approach. Meanwhile, the design employs field observational methods. Data collection methods were carried out through interviews and analysis of midwifery documentation. Data analysis was obtained from a case study research by creating a narrative from the results of observations and descriptive analysis. The management of care for mothers with flour albus involves advising them to practice proper vulva hygiene, wear loose-fitting underwear, and recommending a Pap smear. For non-pharmacological treatment, it is important to maintain vulva hygiene and use a decoction of soursop leaves. Soursop leaves contain acetogenic compounds such as asimin, bulatacin, and squamosin, which act as antiseptics that can kill germs, making soursop leaves five times more effective than betel leaves to handle flour albus

Keywords: *flour albus, reproductive health.*

1. INTRODUCTION

Reproductive health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and its functions and processes. The lack of knowledge about reproductive health is one of the risk factors for experiencing health issues. Leukorrhea is a fluid that comes out excessively from the vagina and is not blood. White discharge from the vagina caused by fungi or viruses that leads to itching around the vagina[1].

Fluor albus is an abnormal vaginal secretion in women caused by infection, usually accompanied by itching inside the vagina and around the outer labia. White flour often occurs due to the presence of bacteria, fungi, or sometimes parasites[2.] One of the health disorders that often occurs in the female reproductive system is flour albus. Fluor albus is an abnormal vaginal secretion in women caused by infection, usually accompanied by itching inside the

vagina and around the outer labia. White flour often occurs due to the presence of bacteria, fungi, or sometimes parasites[2].

Based on research data on reproductive health, it is stated that 75% of women worldwide experience vaginal discharge. In Europe, the incidence of vaginal discharge among women is quite high, at 25%[3]. In Indonesia, however, the cases of vaginal discharge have reached around 90% and are increasing every year[4]. In 2021, 6 cases of Flour Albus incidents were recorded at the KIA polyclinic of Sungai Jingah Health Center.White flour has symptoms such as excessive discharge resembling milk, excessive discharge that is white-greenish or yellowish and has an unpleasant odor, discharge accompanied by lower abdominal pain or back pelvic pain, discharge that is either scant or abundant in the form of pus, pain and heat during urination or during sexual intercourse, brownish discharge (blood) occurring during intercourse, discharge mixed with blood accompanied by a distinctive odor due to dead cells

Vaginal discharge can lead to infections and spread to reproductive organs such as the uterus, causing inflammation. Scar tissue in the fallopian tubes can block the tubes and become one of the causes of difficulty in conceiving. Other complications such as urinary tract infections caused by viruses, fungi, or parasites entering the urinary tract. Symptoms experienced include heat and pain.[5]

One of the efforts that can be made to address flour albus pharmacologically is through the use of medications such as metronidazole and fluconazole, while non-pharmacological approaches include maintaining vulvar hygiene and using a decoction of soursop leaves. Soursop leaves contain acetogenic compounds such as asimin, bulatacin, and squamosin, which act as antiseptics that can kill germs, as soursop leaves are five times more effective than betel leaves in tackling flour albus.

2. METHODOLOGY

This research is a descriptive qualitative study using a case study approach. Meanwhile, the design uses field observation. Data collection methods were conducted through interviews and documentation analysis of midwifery care. Data analysis was obtained from case study research by creating a narrative from the results of observations and descriptions of midwifery care analysis, assessments, formulating midwifery diagnoses, planning, implementing, and evaluating midwifery care. This research and case study analysis was conducted in January 2024 at the KIA Room of the UPTD Puskesmas Pahandut in Palangka Raya. This health center is located not far from the Kahayan Riverside area in Palangkaraya City, and many of its residents live along the riverside areas.

3. RESULTS

Vaginal discharge can lead to infections and spread to reproductive organs such as the uterus, causing inflammation. Scar tissue in the fallopian tubes can block the tubes and become one of the causes of difficulty in conceiving. Other complications such as urinary tract infections caused by viruses, fungi, or parasites entering the urinary tract. Symptoms experienced include heat and pain.[5]

The diagnosis of flour albus can be made through anamnesis and laboratory examination. Anamnesis to inquire about the patient's complaints characterized by a large quantity, a color resembling sour milk, a fluid containing leukocytes that are yellowish to greenish, accompanied by itching, burning sensation, and sometimes a fishy or foul odor. Laboratory examination to determine whether the cause is due to fungi, bacteria, or parasites.[6]Physiological leucorrhea occurs due to the influence of the hormones estrogen and progesterone, which change, especially during the menstrual cycle, resulting in different

amounts and consistency of vaginal secretions. The secretion increases during ovulation or just before menstruation. Bacteria in the vagina have adapted to these changes, and before menstruation, disturbances usually do not occur. Lactobacilli convert glycogen in vaginal fluid into lactic acid. This lactic acid maintains the acidity of the vagina and prevents the growth of harmful bacteria. If the levels of one or both hormones change dramatically, this strict pH balance will be disrupted. Lactobacilli cannot function properly, making it easy for infections to occur.The infection process begins with the adhesion of Candida to the epithelial cells of the vagina. This adhesive ability is better in Candida albicans than in other Candida species. Then, Candida secretes proteolytic enzymes that cause damage to the host cell's protein bonds, thereby facilitating the invasion process. In addition, Candida also releases micro-toxins, including glycotoxins, which can inhibit phagocytic activity and suppress the local immune system. The formation of Candida colonization facilitates the process of immunization, leading to symptoms in the host.[7]

Based on subjective data, the mother reported having a history of vaginal discharge and is currently experiencing a significant amount of discharge that feels itchy and is yellowish-white in color, which has been ongoing for the past year. Pathological leukorrhea is a discharge that is yellowish-green or resembles milk, characterized by a thick texture, generally abundant secretions, and causes complaints such as itching, redness (erythema), edema, a burning sensation in the intimate area, pain during sexual intercourse (dyspareunia), or pain during urination. (dysuria). Meanwhile abnormal vaginal discharge is often triggered by how women maintain their personal hygiene, particularly regarding their genital area. For instance, personal hygiene practices that can lead to abnormal discharge include wearing tight underwear made of nylon, improper cleaning methods for the genital area, the use of vaginal soaps and fragrances, and the continuous use of panty liners outside of the menstrual cycle. In the discussion above, the author did not find a gap between theory and practice in the subjective data.

The management of flour albus is divided into two categories:

- Pharmacological

Generally, the medications used to address the complaints of leukorrhea include fluconazole for treating Candida infections and metronidazole for bacterial and parasitic infections.

- Non-pharmacological

Always maintain cleanliness in the genital area by keeping it dry and not damp, for example, by wearing underwear made of moisture-absorbing materials and avoiding tight-fitting pants. Get into the habit of washing correctly each time after using the restroom, which means wiping from front to back. Avoid using wet tissues or scented soaps in the vaginal area as they can cause irritation.

Use a decoction of soursop leaves, which contain acetogenic compounds such as asimisin, bulatasin, and skuamosin, and have antiseptic properties that can kill germs, as soursop leaves are five times more effective than ordinary sisrih leaves. To prepare, take 10 slightly older soursop leaves, wash them under running water, and place them in 2.5 liters of water. Boil for 10-15 minutes until it reaches a temperature of about 90°C over medium heat, then strain the leaves to obtain the soursop leaf decoction. Store it in a thermos to keep it warm. Before use, let the decoction cool in a container until warm, then use the warm soursop leaf decoction to wash the vagina twice a day, every morning and evening, for one week.[8]

Objective data obtained from a general examination shows the overall condition is good, with blood pressure at 110/70 mmHg, pulse at 84 beats per minute, temperature at 36.5°C, respiration at 20 breaths per minute, and weight at 73 kg. A specific examination of the head

is within normal limits, while the genital area shows a significant amount of yellowish discharge. White discharge with abnormal vaginal secretion in women caused by infection, usually accompanied by itching inside the vagina and around the outer labia. White flour often occurs due to the presence of bacteria, fungi, or sometimes parasites. Based on the objective data obtained, the author did not find a gap between theory and practice.From the subjective and objective data collected, a midwifery diagnosis can be established: P2A0, 29 years old, with the issue of leukorrhea, and her needs are information, education, and communication (IEC) about leukorrhea and how to address it. In the discussion above, the author did not find a gap between theory and practice in Data analysis[9].

The management of care for mothers with leukorrhea involves advising them to practice proper vulva hygiene, wear loose-fitting underwear, and recommending a Pap smear. For non-pharmacological treatment, it includes maintaining vulva hygiene and using a decoction of soursop leaves. Soursop leaves contain acetogenic compounds such as asimin, bulatasin, and squamosin, which act as antiseptics that can kill germs. Soursop leaves are five times more effective than betel leaves, making them capable of addressing flour albus. Based on the case above, the author did not find a gap between theory and practice in management.[5]

The evaluation of midwifery care for a mother with leukorrhea is that the mother has understood all the examination results, is aware of the causes of leukorrhea and how to address it, and has followed the midwife's recommendations to undergo a pap smear and to return for a follow-up visit if there are any further complaints. Based on the case above, the author did not find a gap between theory and practice in Evaluation.

The discharge experienced in the above case was obtained from the results of anamnesis and objective examination. After further analysis, it can be said that this discharge indicates signs and symptoms that may have already infected the internal organs within the pelvic cavity. Therefore, it is essential to collaborate with a doctor and conduct a pap smear examination to gain a clearer understanding of the discharge experienced by the patient.

4. CONCLUSIONS

a. Based on subjective data on January 19, 2024, the patient reported experiencing a significant amount of itching with a yellowish-white discharge for approximately one year, occasionally accompanied by a fishy odor and pain in the lower back area.
b. Based on the objective data obtained, the general condition is good, with blood pressure at 110/70 mmHg, pulse at 84 beats per minute, temperature at 36.5°C, respiration at 20 breaths per minute, weight at 73 kg, and during the examination of the vagina, there was a discharge.
c. Analyze the data obtained, which is P2A0, a 29-year-old with the issue of leukorrhea, and her needs are health education about leukorrhea and how to address it.
d. Implementation for women with pathological leukorrhea requires strong collaboration between midwives and other staff to enhance the quality of maternity care for patients. The initial action involves monitoring the results of the physical examination, providing information and education about the discomfort experienced by the mother, and taking further actions. In this case, the provision

of midwifery care to mothers where the KIE process can be accepted by the mother.

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6. REFERENCES

[1] Nikmah, U. S. A., & Widyasih, H. Personal Hygiene Habits dan Kejadian Flour Albus Patologis pada Santriwati PP AL-Munawwir, Yogyakarta. Media Kesehatan Masyarakat Indonesia Universitas Hasanuddin, 14(1), 36-43. 2018

[2] Nurhasanah, D., & Wijayanti, T. Hubungan Perilaku Penggunaan Pantyliner dengan Kejadiaan Flour Albus pada Remaja Putri di Pondok Pesantren Al-Masyhuriyah Bukit Raya Kecamatan Tenggarong Seberang. Borneo Student Research (BSR), 1(1), 531-536. 2019

[3] Nurhidayati, N., & ., R. HUBUNGAN PERSONAL HYGIENE DENGAN KEJADIAN LEUKORE. Jurnal Kebidanan, 12(01), 10-19. https://doi.org/10.35872/jurkeb.v12i01.361. 2020

[4] Sri Maryanti., & Murti Wuryani. Persepsi dan Perilaku Remaja Putri dalam Mencegah Keputihan di SMK 1 Lambuya Kabupaten Konawe. Jurnal SMART Kebidanan 6(2):65 6(2):65. DOI:10.34310/sjkb.v6i2.267. 2019

[5] Rachmadianti, F. Analisis Perilaku Pencegahan Keputihan pada Remaja Putri berdasarkan Teori Health Promotion Model (HPM) (Doctoral dissertation, Universitas Airlangga). 2019

[6] Atusnah, W. Stres Berhubungan dengan Kejadian Keputihan pada Mahasiswi Keperawatan Semester 2. Jurnal Keperawatan Silampari, 5(1), 272-281. 2021

[7] Kusmiran. Kesehatan Reproduksi Remaja dan Wanita. Jakarta: Salemba Medika. 2012

[8] Sampara Nurqalbi. Daun Sirsak (Annona Muricata. L) Sebagai PenangananKeputihan pada Wanita Usia Subur. AN-NUR : Jurnal Kajian dan Pengembangan Kesehatan Masyarakat Website : https.//jurnal.umj.ac.id/index.php/AN-NURVol. Hal. 141 -146. 2021

[9] Nurhasanah, D., & Wijayanti, T. Hubungan Perilaku Penggunaan Pantyliner dengan Kejadiaan Flour Albus pada Remaja Putri di Pondok Pesantren Al-Masyhuriyah Bukit Raya Kecamatan Tenggarong Seberang. Borneo Student Research (BSR), 1(1), 531-536. 2019