

Kata Kunci: KB suntik 3 bulan, *spotting*, kandidiasis *vulvovaginalis*, asuhan kebidanan

ABSTRACT

Case Report on a Three-Month Injectable Contraceptive Acceptor with Spotting and Candidiasis at Panceng Health Center, Gresik

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Background: The three-month injectable contraceptive (Depo Medroxyprogesterone Acetate/DMPA) is a widely used hormonal contraceptive method due to its high effectiveness, but it often causes side effects such as menstrual disturbances, including spotting. Prolonged spotting can cause the genital area to become moist due to continuous use of sanitary pads or pantyliners, disrupting the normal vaginal flora balance and increasing the risk of overgrowth of *Candida albicans*, which may progress to vulvovaginal candidiasis. This report aims. **Objective:** To describe comprehensive midwifery care for a three-month injectable contraceptive acceptor experiencing spotting and vulvovaginal candidiasis at Panceng Community Health Center, Gresik, using a midwifery management approach with SOAP documentation. **Method:** This report employed a case report design with a single subject. Data were collected through interviews, physical examination, vital sign monitoring, and direct observation. Data analysis was conducted using a midwifery care management approach with SOAP documentation (Subjective, Objective, Assessment, Plan). The case was taken from April to May 2026 within the working area of Panceng Community Health Center, Gresik Regency. **Results:** The case subject was Mrs. Y, aged 39 years, P1A0, a three-month injectable contraceptive acceptor for one year, presenting with complaints of spotting and itching in the vaginal area. Physical examination revealed erythematous rash on the vaginal area, inner thighs, and buttocks, along with scratch marks. Identified risk factors included the use of tight polyester underwear and the habit of changing pantyliner only twice daily. Management provided included health communication, information, and education (KIE) regarding the side effects of three-month injectable contraceptives, personal hygiene education, advice to avoid tight underwear, and collaborative provision of antifungal therapy consisting of miconazole cream 2% and cetirizine tablets 10 mg. After three visits over a 10-day period, clinical improvement was observed, marked by reduced itching and burning sensation, drying of the erythematous rash, and improved client understanding and compliance with personal hygiene practices. **Conclusion:** Comprehensive midwifery care encompassing contraceptive side-effect education, improvement of personal hygiene, elimination of risk factors such as tight clothing, and antifungal therapy proved effective in managing spotting and vulvovaginal candidiasis in three-month injectable contraceptive acceptors. Regular monitoring

and adequate counseling play a crucial role in preventing recurrence and improving client adherence to continued contraceptive use.

Keywords: three-month injectable contraceptive, spotting, vulvovaginal candidiasis, midwifery care