



Case Study: Midwifery Care for Elderly Women with Menopause

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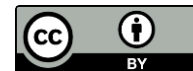
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ABSTRACT

Background: Menopause is a natural phase in a woman's life marked by the cessation of menstruation and a decrease in estrogen and progesterone hormones. In older adults, menopause can lead to physical and emotional changes, such as hot flashes, mood swings, and an increased risk of osteoporosis and heart disease. **Purpose:** To provide appropriate care for elderly women experiencing menopause and its associated problems. **Methods:** This case study uses a descriptive observational approach with a Continuity of Care framework for a 62-year-old woman undergoing menopause. Data collection involved anamnesis, observation, physical examination, and documentation, with data analysis comparing the findings to existing theoretical frameworks. **Results:** The elderly woman reported frequent feelings of warmth in her face and neck, fatigue, and difficulty sleeping. She also experienced mood fluctuations, anxiety, and loneliness, although there were no significant signs of depression. Physical examination revealed a blood pressure of 120/80 mmHg, a pulse rate of 78 beats per minute, and a body temperature of 36.5°C. Laboratory tests showed a slight deficiency in vitamin D. Care interventions included menopause education, dietary advice rich in calcium and vitamin D, relaxation techniques for hot flashes, and follow-up visits. **Implications:** Interventions such as menopause education, a calcium and vitamin D-rich diet, and relaxation techniques can help elderly women manage menopause symptoms. **Conclusion:** The Continuity of Care approach can alleviate the physical and emotional complaints of elderly women, improve their quality of life, and help maintain optimal health.

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INTRODUCTION

Menstruation ceases for 12 consecutive months at menopause, a biological phase that marks the conclusion of a woman's reproductive cycle. While it may fluctuate according to genetic and environmental influences, it frequently impacts women aged 45 to 55. This process results in physical and emotional changes due to the ovaries releasing diminished levels of oestrogen and progesterone (Maghfuroh, 2024).

According to the World Health Organization, the cessation of monthly menstruation, often called menstrual periods, for most women indicates menopause due to reduced function of the ovarian follicles. This signifies that the ovaries stop releasing fertilised oocytes. During a woman's reproductive years, the frequency and duration of her menstrual cycles fluctuate, with the average age of natural menopause often ranging from 45 to 55 years globally. Menopause is considered to occur spontaneously after 12 consecutive months of amenorrhoea, in the absence of identifiable pathological or physiological causes, and without medical intervention. Early menopause in some women (before age 40) may be attributed to specific chromosomal defects, immunological disorders, or other undiscovered reasons (WHO, 2024).

The number of postmenopausal women worldwide continues to rise. In 2021, women aged 50 and older accounted for 26% of all women and girls globally, up from 22% a decade earlier. Additionally, women are living longer; globally, a 60-year-old woman in 2019 was expected to live an average of another 21 years (WHO, 2024). Menopause in the elderly can lead to various issues affecting physical health, mental well-being, and overall quality of life. One major issue is physical symptoms, such as hot flashes and night sweats. These sudden sensations of heat can disrupt daily activities and sleep quality. Furthermore, decreased estrogen levels can lead to vaginal dryness, causing discomfort during sexual intercourse and increasing the risk of infections (Ekasari, 2019).

In this case study, data was obtained for a 62-year-old elderly woman with complaints of frequently feeling hot in the face and neck (hot flashes), which occur several times a day, especially at night. In addition, the patient also reports difficulty sleeping, frequently waking up in the middle of the night and feeling unrested during sleep. Based on findings, the hot flashes that occur in the patient usually last 3-5 minutes, accompanied by sweating and discomfort that interfere with daily activities. Sleep complaints include insomnia and frequent awakenings during the night, with poor sleep quality. Another issue is that the elderly woman appears anxious due to sleep disturbances affecting her daily life. During the interview, the elderly woman did not report any significant mood disorders, but she did report increased anxiety related to feelings of fatigue due to lack of sleep. Next, physical examination showed stable blood pressure, but the patient has a slightly elevated body mass index (BMI). According to the WHO, to manage hot flashes and CBT-I (Cognitive Behavioral Therapy for Insomnia) for sleep disturbances, hormonal therapy or non-hormonal alternatives such as SSRIs/SNRIs can be used. In addition, improving sleep hygiene, such as regulating room temperature and practicing relaxation techniques before sleep, may help reduce symptoms.

Regarding other conditions, the elderly woman has a history of controlled hypertension with antihypertensive medication, but there are no complaints or signs of heart disease or osteoporosis



at this time. Laboratory tests show normal blood sugar levels and lipid profile. From a long-term health perspective, menopause can increase the risk of osteoporosis. The decrease in estrogen makes women more susceptible to bone loss, which can lead to fractures. Additionally, postmenopausal women are also at a higher risk for heart disease due to metabolic changes and other risk factors. The lack of education about menopause is another issue. Many women do not receive sufficient information, making them less prepared to face the symptoms and care required. Social support is also crucial; feelings of loneliness and social isolation may increase, especially for elderly women who lack support from family or friends (Festy, 2020).

A study by Namazi et al. (2019) shows that lifestyle changes also have an impact, where some women tend to reduce physical activity. This can worsen menopausal symptoms and increase the risk of other health problems. By understanding these issues, it is hoped that elderly women will be better equipped to manage the menopausal phase and maintain a good quality of life. Menopause has several significant health impacts. Many women experience symptoms such as hot flashes, night sweats, mood changes, and sleep problems. In addition, the decline in estrogen levels can also increase the risk of diseases such as osteoporosis, heart disease, and cognitive problems. Although menopause is a natural process, many women face challenges in managing the symptoms and health impacts that come with it. Therefore, a good understanding of menopause and proper management is essential to maintain the health and quality of life of women in later life (Ekasari, 2019).

METHODS

This case study uses a descriptive observational method with a Continuity of Care approach given to a 62 year old elderly who received midwifery care on October 14 2024. The subject was a 62 year old female elderly who was experiencing menopause. The data used is primary, and data collection methods include history taking, observation, examination and documentation. Data analysis involves comparing the data obtained with existing theory.

RESULTS

On October 14, 2024, the first midwifery care was provided to an elderly woman experiencing menopause. In this process, the Continuity of Care (COC) approach was implemented to ensure that the care provided was continuous, coordinated, and comprehensive. The goal of COC is to assist the patient, in this case, an elderly woman, in managing menopause symptoms such as hot flashes, sleep disturbances, and anxiety. Through this approach, it is hoped that the patient's quality of life can improve and the disruptive symptoms can be better managed.

The support began by providing informational materials to help the patient understand the changes happening in her body during menopause. The media used included verbal communication (direct conversation) and written materials such as brochures that explain menopause, how to manage symptoms, and the importance of a healthy diet rich in calcium and vitamin D. In addition, relaxation techniques to help reduce symptoms such as hot flashes were taught, either through direct verbal instruction or via videos that the patient could study at home.

Each support session lasted about 20 to 30 minutes. Initially, the support was provided every two weeks to ensure the patient could implement the recommended changes and to evaluate her response. The support took place at Kayon Health Center, where a more personal approach could be provided. This allowed the caregiver to directly observe the patient's behavior related to sleep habits, diet, and the application of the relaxation techniques taught.

During each visit, careful observations were made of the patient's symptoms. Hot flashes were monitored by noting the frequency, duration, and intensity of the episodes, as well as their impact on the patient's daily activities. Sleep patterns were also observed to determine whether the relaxation techniques had improved the quality of sleep. Equally important, the patient's emotional status was assessed, focusing on mood changes, anxiety, and fatigue levels, to evaluate if there was a reduction in the anxiety the patient felt.

A physical examination was conducted to monitor the patient's vital signs, including blood pressure, pulse rate, body temperature, and weight. The aim of this examination was to ensure that the patient's physical condition remained stable and well-monitored. Additionally, laboratory tests were performed to assess the patient's vitamin D levels, as a deficiency in vitamin D could exacerbate menopause symptoms and increase the risk of osteoporosis.

After several visits, an evaluation of the final outcomes of the support was carried out. This evaluation included whether menopause symptoms, such as hot flashes, sleep disturbances, and anxiety, had decreased. Additionally, the patient's quality of life was assessed, measuring whether the patient felt better both physically and emotionally. Adherence to the recommendations was also evaluated, checking whether the patient had started to adjust her diet, apply relaxation techniques, and improve her sleep habits. Furthermore, if the patient showed signs of other medical conditions requiring special attention, such as osteoporosis or heart problems, referrals to specialists were made for further management. The model for documenting the data collected throughout the care process is as follows:

1. Subjective Data

- a. Complaints: Frequently feels hot in the face and neck, often feels fatigued and has difficulty sleeping. Additionally, experiences fluctuating moods, anxiety, and loneliness.
- b. Medical History: No history of chronic illnesses such as diabetes or hypertension.

2. Objective Data

- a. General Condition: Good
- b. Vital Signs: Mrs. A's vital signs are within normal limits, with blood pressure at 120/80 mmHg, pulse at 78 bpm, and body temperature at 36.5°C.
- c. Laboratory Results: Indicate a slight deficiency in vitamin D.

3. Analysis Mrs. A, 62 years old, experiencing menopause

Problem: Discomfort

Need: Health education and information



4. Management

- a. Informed the elderly patient about the examination results and explained that she is currently experiencing side effects from menopause, assuring her that this can be managed. The patient understands and feels somewhat anxious about her condition.
- b. Explained menopause and its various issues to the patient, who understood the information.
- c. Provided information on a balanced diet, especially one rich in calcium and vitamin D, and the patient understood.
- d. Recommended relaxation techniques to reduce feelings of heat or hot flashes.
- e. Suggested the patient return for a follow-up visit in 2 weeks.

DISCUSSION

Based on data obtained on October 14 2024, a 62 year old female elderly with a series of complex complaints. He often felt hot in his face and neck, felt tired for a long time, and had difficulty sleeping. His mood was fluctuating, accompanied by feelings of anxiety and loneliness, although he emphasized that there were no significant symptoms of depression. Ms A explained how these symptoms interfered with her daily life, creating challenges she had to face during menopause. Vital signs examination showed normal results: blood pressure 120/80 mmHg, pulse 78 beats per minute, and body temperature 36.5°C. Although his condition was stable, laboratory tests showed a slight vitamin D deficiency, which is important because a deficiency can affect bone health and worsen his symptoms.

Elderly people describes how the sudden feelings of heat, or hot flashes, often disrupt her activities. This symptom is commonly experienced by women during menopause due to hormonal changes. The fatigue she feels may be triggered by sleep disturbances, anxiety, and an unbalanced diet. She acknowledges adhering to a balanced diet but recognises inadequate intake of calcium and vitamin D, essential for postmenopausal women. This corresponds with the notion proposed by WHO (2024), which asserts that hot flashes and nocturnal sweats are among the side effects of menopause. Hot flashes denote abrupt sensations of warmth in the face, neck, and chest, frequently accompanied by skin erythema, perspiration, palpitations, and bodily unease that may persist for several minutes. These symptoms occur as a result of hormonal fluctuations linked to menopause, impacting physical, emotional, mental, and social well-being. The symptoms encountered during and after menopause differ significantly among individuals; some may exhibit little symptoms, whereas others endure strong symptoms that impact daily functioning and overall quality of life. Moreover, body composition and cardiovascular risks may also be affected.

The female advantage over males in cardiovascular disease eventually decreases with the substantial reduction in oestrogen levels following menopause. Menopause may result in diminished pelvic support structures, heightening the likelihood of pelvic organ prolapse. The reduction of bone density during menopause is a critical factor leading to elevated incidences of osteoporosis and fractures (Maryam Siti, 2020). Nainggolan (2023) indicates that during menopause, older women frequently encounter abrupt sensations of heat, primarily affecting the face and neck,



often accompanied by perspiration and flushing. Furthermore, hormonal shifts may induce emotional alterations, including anxiety, despair, and mood instability.

The older patient was given information regarding menopause and the impact of hormonal changes on the body during her care. This education seeks to enhance Mrs. A's preparedness and alleviate her anxieties. Furthermore, she was recommended to augment her consumption of calcium and vitamin D-rich foods, including dairy products, fatty fish, and leafy greens, to enhance her bone health. The WHO (2024) emphasises the necessity for older women to comprehend menopause, facilitating their perception of it as a phase in the life cycle. The health condition of women entering the perimenopausal phase will predominantly be influenced by their prior health and reproductive history, lifestyle choices, and environmental variables. Perimenopausal and postmenopausal symptoms can interfere with both personal and professional aspects of life, and menopause-related changes will impact women's health as they age. Consequently, perimenopausal care is essential for improving women's health and quality of life.

Furthermore, relaxation techniques such as meditation, yoga, and deep breathing were introduced as ways to cope with hot flashes and anxiety (Utami, 2020). By applying these techniques, it is hoped that Mrs. A can improve her sleep quality and overall mood. According to Italian research (2024), relaxation techniques can be highly effective tools for helping elderly individuals address common issues such as stress, anxiety, and sleep disturbances. Here are some relaxation techniques that can be implemented by the elderly. First, deep breathing is a simple yet highly beneficial technique. The elderly can sit or lie comfortably, then take a deep breath through the nose, hold it for a moment, and exhale slowly through the mouth. This technique can help lower stress levels and increase oxygen flow to the body, creating a sense of calm. Next, meditation can be a good option. By finding a quiet place, the elderly can focus on their breath or positive affirmations. Through meditation, they can learn to let distracting thoughts come and go without judgment, thereby enhancing mental well-being and reducing anxiety. Yoga is also a highly beneficial relaxation technique for the elderly. By attending yoga classes led by experienced instructors or performing simple movements at home, elderly individuals can improve their flexibility, strength, and balance while experiencing relaxation effects. Tai Chi is a slow-motion exercise that can be performed indoors or outdoors. This activity not only improves balance but also provides a sense of peace and reduces stress. The elderly can also benefit from therapeutic music. Listening to calming music or playing simple musical instruments can lower anxiety and improve mood, creating a more positive atmosphere. Progressive muscle relaxation is a technique that can help the elderly identify physical tension. By alternately contracting and relaxing each muscle group, they can feel the difference between tension and relaxation.

Finally, follow-up visits are scheduled to monitor progress and provide ongoing support. This holistic approach, which combines education, dietary changes and relaxation techniques, aims to help seniors feel better both physically and emotionally. On this journey, support and access to accurate information will be key for older adults to manage menopausal symptoms and navigate this phase of life more effectively. According to the WHO, to manage hot flashes and CBT-I



(Cognitive Behavioral Therapy for Insomnia) for sleep disturbances, hormonal therapy or non-hormonal alternatives such as SSRIs/SNRIs can be used. In addition, improving sleep hygiene, such as regulating room temperature and practicing relaxation techniques before sleep, may help reduce symptoms (WHO, 2024). A study by Namazi et al. (2019) shows that lifestyle changes also have an impact, where some women tend to reduce physical activity. This can worsen menopausal symptoms and increase the risk of other health problems. By understanding these issues, it is hoped that elderly women will be better equipped to manage the menopausal phase and maintain a good quality of life. Menopause has several significant health impacts. Many women experience symptoms such as hot flashes, night sweats, mood changes, and sleep problems. In addition, the decline in estrogen levels can also increase the risk of diseases such as osteoporosis, heart disease, and cognitive problems. Although menopause is a natural process, many women face challenges in managing the symptoms and health impacts that come with it. Therefore, a good understanding of menopause and proper management is essential to maintain the health and quality of life of women in later life (Ekasari, 2019).

CONCLUSIONS

Based on the data obtained, the diagnosis made was a 62 year old woman experiencing menopause. Management includes providing information about menopause, recommending a balanced diet rich in calcium and vitamin D, recommending relaxation techniques to reduce hot flashes, and scheduling follow-up visits.

Based on the evaluation results of the care that has been provided, it shows that the Continuity of Care (COC) approach is effective in overcoming problems during the menopause period.

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