ABSTRAK

Anemia merupakan kondisi di mana jumlah sel darah merah atau kadar hemoglobin berada lebih rendah dari normal. Berdasarkan data yang diperoleh dari Puskesmas Tongguh, pada tahun 2024 tercatat jumlah ibu hamil dengan anemia mencapai sekitar 23,94%. Angka tersebut menunjukkan adanya masalah kesehatan yang cukup serius karena anemia dapat meningkatkan risiko terjadinya berbagai komplikasi selama kehamilan. Kekurangan zat besi merupakan faktor risiko utama terjadinya anemia pada ibu hamil. Hal ini umumnya dipengaruhi oleh asupan makanan yang tidak mencukupi kebutuhan tubuh serta adanya perubahan fisiologis selama masa kehamilan. Dampak anemia tidak hanya dirasakan oleh ibu, tetapi juga memengaruhi kondisi janin. Risiko yang dapat muncul di antaranya adalah persalinan prematur, ancaman dekompensasi kordis, perdarahan antepartum, pecah ketuban dini (KPD), intrauterine growth restriction (IUGR), intrauterine fetal death (IUFD), serta bayi berat lahir rendah (BBLR). Mengingat dampak serius dari anemia defisiensi besi pada ibu maupun janin, maka diperlukan perhatian khusus. Salah satu upaya yang dilakukan adalah pemberian terapi zat besi, misalnya pada kasus anemia sedang dianjurkan konsumsi dua tablet zat besi per hari (2 x 1 tablet). Selain itu, peran bidan juga sangat penting dalam memberikan pendidikan serta edukasi kesehatan kepada ibu.

Tujuan dari penelitian ini adalah untuk mengidentifikasi, menganalisis, serta memberikan intervensi yang tepat agar anemia yang dialami ibu hamil, khususnya pada multigravida trimester III di wilayah kerja Puskesmas Tongguh, dapat teratasi. Metode yang digunakan yaitu studi kasus dengan pendekatan deskriptif kualitatif, menggunakan asuhan kebidanan yang melibatkan anamnesis, observasi, pemeriksaan fisik, serta pendokumentasian tertulis dan foto. Analisis serta implementasi dilakukan secara menyeluruh dengan dokumentasi SOAP. Penelitian ini dilaksanakan pada seorang ibu multigravida trimester III dengan anemia sedang tanpa komplikasi, melalui tiga kali kunjungan.

Pada kunjungan pertama, Ny. J G2P1A0 usia kehamilan 33 minggu didiagnosis anemia sedang dengan masalah ketidakpatuhan mengonsumsi tablet Fe. Ibu mengeluh pusing, lemas, serta BAB keras. Ia mengaku pernah mengalami anemia pada kehamilan sebelumnya dan sering lupa maupun malas minum tablet Fe. Hasil pemeriksaan menunjukkan konjungtiva pucat, TFU lebih kecil dari usia kehamilan, serta kadar hemoglobin 8,9 g/dL. Intervensi diberikan berupa edukasi tentang kondisi anemia, nutrisi, efek samping dan cara konsumsi tablet Fe, tanda-tanda persalinan, terapi Fe 2x1 tablet, serta pemberian lembar ceklist pemantauan konsumsi. Pada kunjungan kedua, ibu tidak lagi mengeluh pusing maupun lemas, meski masih merasakan nyeri pinggang. Kadar hemoglobin meningkat menjadi 12,2 g/dL, menunjukkan perubahan signifikan. Terapi kemudian diturunkan menjadi 1x1 tablet, serta diberikan intervensi terkait nyeri pinggang berupa olahraga ringan, kompres hangat, dan senam hamil. Pada kunjungan ketiga, keluhan nyeri pinggang hilang, namun muncul nyeri perut bagian bawah dan kontraksi tidak teratur. Edukasi diberikan bahwa kondisi tersebut merupakan fisiologis trimester akhir, serta ibu dianjurkan posisi knee-chest untuk membantu menurunkan bagian terbawah janin.

Hasil intervensi menunjukkan keberhasilan dengan peningkatan kadar hemoglobin dari 8,9 g/dL menjadi 12,2 g/dL dalam tiga minggu. Kepatuhan ibu mengonsumsi tablet Fe dan menjaga pola nutrisi berperan besar dalam perbaikan kondisi. Hal ini menggambarkan efektivitas intervensi, termasuk edukasi intensif, konsumsi makanan tinggi zat besi, serta monitoring rutin secara berkelanjutan.

Kata Kunci: Anemia, Multigravida, Trimester III

ABSTRAC

Anemia is a condition in which the number of red blood cells or hemoglobin levels is lower than normal. Based on data obtained from the Tongguh Community Health Center, in 2024, the number of pregnant women with anemia reached approximately 23.94%. This figure indicates a fairly serious health problem because anemia can increase the risk of various complications during pregnancy. Iron deficiency is a major risk factor for anemia in pregnant women. This is generally influenced by inadequate dietary intake and physiological changes during pregnancy. The impact of anemia is not only felt by the mother but also affects the condition of the fetus. Risks that can arise include premature labor, the threat of cord decompensation, antepartum hemorrhage, premature rupture of membranes (PROM), intrauterine growth restriction (IUGR), intrauterine fetal death (IUFD), and low birth weight (LBW). Given the serious impact of iron-deficiency anemia on both the mother and the fetus, special attention is needed. One effort is the administration of iron therapy. For example, in cases of anemia, it is recommended to consume two iron tablets per day (2 x 1 tablet). In addition, the role of midwives is also very important in providing health education and training to mothers.

The purpose of this study was to identify, analyze, and provide appropriate interventions to address anemia experienced by pregnant women, particularly multigravida in the third trimester in the Tongguh Community Health Center (Puskesmas) working area. The method used was a case study with a qualitative descriptive approach, utilizing midwifery care that included anamnesis, observation, physical examination, and written and photographic documentation. Analysis and implementation were carried out thoroughly with SOAP documentation. This study was conducted on a multigravida in the third trimester with moderate anemia without complications, over three visits.

At the first visit, Mrs. J G2P1A0, 33 weeks pregnant, showed moderate anemia with problems with non-compliance with taking iron tablets. The mother complained of dizziness, weakness, and hard stools. She admitted to having anemia in a previous pregnancy and often forgot or was lazy to take iron tablets. The examination results showed pale conjunctiva, TFU smaller than the gestational age, and a hemoglobin level of 8.9 g/dL. Interventions provided included education about anemia, nutrition, side effects and how to take iron tablets, signs of labor, therapy with two iron tablets, and provision of a consumption monitoring checklist. At the second visit, the mother no longer complained of dizziness or weakness, although still experiencing back pain. The hemoglobin level increased to 12.2 g/dL, indicating significant improvement. Therapy was then reduced to one tablet, and interventions related to back pain were provided in the form of light exercise, warm compresses, and pregnancy exercises. At the third visit, complaints of back pain disappeared, but lower abdominal pain and irregular contractions appeared. Education is provided that this condition is a physiological condition of the final trimester, and the mother is advised to adopt a knee-chest position to help lower the lower part of the fetus.

The intervention results demonstrated success, with hemoglobin levels increasing from 8.9 g/dL to 12.2 g/dL within three weeks. The mother's adherence to iron tablet consumption and nutritional practices played a significant role in the improvement. This demonstrates the effectiveness of the intervention, which

included intensified education, consumption of iron-rich foods, and ongoing routine monitoring.

Keywords: Anemia, Multigravida, Trimester III