

ABSTRAK

Anemia pada ibu hamil terjadi saat tingkat hemoglobin (Hb) kurang dari 11,0 g/dL pada trimester pertama dan ketiga, atau di bawah 10,5 g/dL pada trimester kedua. Gejala yang muncul antara lain merasa capek, lemas, kepala pusing, dan kulit terlihat pucat. Menurut informasi dari SKI tahun 2023, angka kejadian anemia pada ibu hamil di Indonesia mencapai 27,7%, di Jawa Timur sebesar 10,5%, dan di Puskesmas Jaddih sebesar 5,2% (dari Januari hingga Desember 2024). Alasan utama anemia pada kehamilan adalah kurangnya asupan zat besi, kebutuhan zat besi yang meningkat selama masa kehamilan, dan kurangnya kedisiplinan dalam meminum tablet Fe. Akibatnya, bisa terjadi keguguran dan pendarahan.

Penelitian ini dilakukan dengan tujuan menyusun asuhan kebidanan guna mengidentifikasi informasi subjektif, objektif, analisis data, serta penanganan pada ibu yang sedang hamil anak pertama usia kehamilan 30–31 minggu (trimester ketiga) yang mengalami anemia ringan. Metode yang dipakai ialah studi kasus deskriptif di Puskesmas Jaddih, Bangkalan. Data dikumpulkan lewat wawancara, pemeriksaan fisik, penatalaksanaan, dan evaluasi sebanyak tiga kali kunjungan, dengan izin dari pasien (informed consent).

Saat kunjungan pertama, ibu menyampaikan keluhan pusing ketika bangun tidur. Pemeriksaan menunjukkan kadar Hb 10,8 g/dL, wajah dan bagian dalam konjungtiva terlihat pucat. Diagnosis anemia ringan ditegakkan, lalu diberikan penjelasan tentang pentingnya mengonsumsi tablet Fe, menerapkan pola makan yang bergizi, beristirahat yang cukup, serta mengenali tanda bahaya kehamilan. Pada kunjungan kedua, keluhan pusing berkurang, namun muncul keluhan sering buang air kecil dan merasa nyeri pada punggung. Penjelasan diberikan terkait perubahan normal selama kehamilan, cara mengurangi frekuensi buang air kecil di malam hari, dan cara meredakan nyeri punggung seperti kompres hangat dan posisi tidur yang benar. Saat kunjungan ketiga, kadar Hb meningkat menjadi 12 g/dL. Ibu tetap mengonsumsi tablet MMS dan konsumsi tablet Fe dihentikan. Penjelasan dilanjutkan mengenai perawatan payudara, tanda-tanda akan melahirkan, serta menjaga kebersihan areaewanitaan.

Hasil evaluasi menunjukkan adanya peningkatan kedisiplinan ibu dalam meminum suplemen dan menerapkan gaya hidup sehat, yang berdampak positif pada peningkatan kadar Hb. Disarankan agar ibu terus mengonsumsi MMS dan makanan bergizi, serta melakukan pemeriksaan rutin ke fasilitas kesehatan. Diharapkan tenaga kesehatan juga terus memantau kedisiplinan konsumsi tablet Fe melalui buku KIA dan pemantauan secara berkala.

Kata kunci: anemia; ibu hamil; suplemen zat besi; edukasi gizi; pemantauan rutin.

ABSTRAK

Anemia in pregnant women occurs when hemoglobin (Hb) levels are less than 11.0 g/dL in the first and third trimesters, or below 10.5 g/dL in the second trimester. Symptoms include fatigue, weakness, dizziness, and pale skin. According to information from SKI in 2023, the incidence of anemia in pregnant women in Indonesia reached 27.7%, in East Java 10.5%, and at the Jaddih Community Health Center 5.2% (from January to December 2024). The main causes of anemia in pregnancy are insufficient iron intake, increased iron requirements during pregnancy, and lack of discipline in taking iron tablets. As a result, miscarriage and bleeding may occur.

This study was conducted with the aim of developing midwifery care to identify subjective and objective information, analyze data, and provide treatment for women who are pregnant with their first child at 30–31 weeks of gestation (third trimester) and have mild anemia. The method used was a descriptive case study at the Jaddih Community Health Center, Bangkalan. Data were collected through interviews, physical examinations, management, and evaluation during three visits, with the patients' informed consent.

During the first visit, the mother complained of dizziness when waking up. Examination showed an Hb level of 10.8 g/dL, and her face and inner conjunctiva appeared pale. A diagnosis of mild anemia was made, and she was given an explanation about the importance of taking iron tablets, eating a nutritious diet, getting adequate rest, and recognizing the danger signs of pregnancy. During the second visit, the dizziness had decreased, but the patient complained of frequent urination and back pain. An explanation was provided regarding normal changes during pregnancy, ways to reduce the frequency of urination at night, and ways to relieve back pain, such as warm compresses and proper sleeping positions. During the third visit, the Hb level increased to 12 g/dL. The mother continued to take MMS tablets and stopped taking iron tablets. Further explanations were given regarding breast care, signs of labor, and maintaining feminine hygiene.

The evaluation results showed an increase in the mother's discipline in taking supplements and adopting a healthy lifestyle, which had a positive impact on increasing her Hb level. It was recommended that the mother continue to take MMS and nutritious food, as well as undergo regular check-ups at health facilities. It was also hoped that health workers would continue to monitor her discipline in taking Fe tablets through the KIA book and regular monitoring.

Keywords: *anemia; pregnant women; iron supplements; nutrition education; routine monitoringz*