

## ABSTRAK

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### CASE REPORT PADA MULTIGRAVIDA TRIMESTER III DENGAN ANEMIA RINGAN DI WILAYAH PUSKESMAS JADDIH KABUPATEN BANGKALAN

Kehamilan multigravida merujuk pada keadaan di mana seorang wanita telah mengalami lebih dari satu kali kehamilan, yang dapat menyebabkan peningkatan risiko anemia akibat hemodilusi, di mana volume plasma bertambah lebih besar dibandingkan dengan jumlah sel darah merah. Definisi anemia pada ibu hamil mencakup kadar hemoglobin (Hb) di bawah 11 gr% pada trimester pertama dan ketiga, atau di bawah 10,5 gr% pada trimester kedua. Angka prevalensi anemia di Indonesia mencatat sekitar 27,7% dan dipuskesmas Jaddih tercatat 5,2 %. Faktor utama yang menyebabkan anemia adalah kekurangan asupan zat besi, yang semakin parah karena kebutuhan yang meningkat selama masa kehamilan dan kurangnya pengetahuan ibu. Anemia dapat menimbulkan berbagai risiko serius bagi ibu serta janin, termasuk infeksi dan masalah dalam persalinan. Peran tenaga kesehatan, khususnya bidan, sangat vital dalam memberikan edukasi serta melakukan pemeriksaan kadar hemoglobin untuk mencegah terjadinya anemia dan komplikasi selama kehamilan. Tujuan dilakukan penelitian ini mendeskripsikan pengkajian data subjektif, objektif, analisa dan penatalaksanaan pada ibu hamil multigravida G3P2A0 usia kehamilan 29-30 minggu dengan anemia ringan.

Metode ini menggunakan desain deskriptif dengan pendekatan case report pada ibu hamil multigravida trimester III mengalami anemia ringan (Hb 10-10,9 g/dL) di area kerja Puskesmas Jaddih, Kabupaten Bangkalan, dari bulan Januari hingga Juni 2025. Pengumpulan data dilakukan 3 kali melalui wawancara yang terstruktur, pemeriksaan fisik dan laboratorium untuk hemoglobin, serta penelaahan dokumen medis. Penelitian ini dilaksanakan sesuai prinsip etika, dengan informed consent yang telah di tanda tangani oleh pasien setelah mendapatkan penjelasan mengenai tujuan pada penelitian.

Asuhan kebidanan pada Ny. S, G3P2A0 usia kehamilan 29–30 minggu dilakukan 3 kali kunjungan. Pada kunjungan pertama ditemukan anemia ringan (Hb 10,2 g/dl) dengan keluhan pusing dan kurang rutin konsumsi Fe dan MMS, sehingga diberikan edukasi anemia, pola makan bergizi, kebersihan vagina, dan tanda bahaya kehamilan. Kunjungan kedua, pusing membaik namun muncul nyeri pinggang dan sering berkemih, sehingga dianjurkan kompres hangat, tidur miring kiri, dan pengaturan cairan. Kunjungan ketiga Hb meningkat menjadi 12,8 g/dl, menunjukkan anemia teratasi, dan ibu dianjurkan menjaga pola makan serta melanjutkan konsumsi MMS.

Setelah melaksanakan tiga kali kunjungan dan penilaian secara teratur, keadaan ibu menunjukkan perbaikan dengan adanya peningkatan kadar Hb yang didukung oleh keteraturan dalam mengonsumsi tablet Fe dan MMS. Keberhasilan ini menandakan bahwa penggabungan suplemen, pola makan yang sehat, waktu istirahat yang memadai, serta bimbingan rutin memiliki peranan krusial dalam meningkatkan kesehatan baik bagi ibu maupun janin.

Kata Kunci : Multigravida, anemia dalam kehamilan, hemodilusi.

## ABSTRACT

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*CASE REPORT ON MULTIGRAVIDA IN THE THIRD TRIMESTER WITH MILD ANEMIA AT JADDIH COMMUNITY HEALTH CENTER, BANGKALAN REGENCY*

Multigravida pregnancy occurs when a woman has previously been pregnant more than once. This situation increases the likelihood of anemia because of hemodilution, a process where plasma volume increases faster than red blood cell production. Anemia during pregnancy is diagnosed when hemoglobin (Hb) levels fall below 11 g/dL in the initial and final trimesters, or under 10.5 g/dL in the second trimester. In Indonesia, approximately 27.7% of pregnant women suffer from anemia, whereas the Jaddih Community Health Center reports a rate of 5.2%. Iron deficiency is the main factor, worsening as pregnancy advances due to higher nutritional requirements and insufficient knowledge among mothers. Anemia can cause complications for both the mother and the developing baby, including infections and issues during childbirth. Health professionals, especially midwives, are critical in delivering education, identifying problems early, and taking preventive actions to lower maternal illness.

This report outlines the midwifery care provided to Mrs. S, a woman in her third pregnancy (G3P2A0), who was 29–30 weeks pregnant and experiencing mild anemia (Hb 10.2 g/dL). A descriptive method was used, gathering information during three planned appointments between January and June 2025 at the Jaddih Community Health Center in Bangkalan Regency. Information was collected through discussions, physical exams, lab tests, and reviews of medical records. Ethical standards were maintained by getting informed consent from the patient before she participated.

During the first appointment, the patient said she felt dizzy after waking up, did not regularly take iron (Fe) and multiple micronutrient supplements (MMS), and reported typical vaginal discharge. Interventions included teaching about anemia, giving advice on balanced meals, maintaining good hygiene, and educating about warning signs during pregnancy. By the second appointment, the dizziness had lessened, but she had new problems, like lower back pain and frequent need to urinate. Treatment involved using warm compresses, sleeping on her left side, and changing how much fluid she drank. At the third appointment, Hb levels had risen to 12.8 g/dL, which meant the anemia was gone. The patient was told to keep eating healthily and continue taking MMS supplements.

This instance shows that routinely taking Fe and MMS supplements, along with good nutrition, enough rest, and ongoing education, is very important for raising hemoglobin levels in mothers. Consistent midwifery care and planned follow-up visits proved successful in stopping anemia from returning and supporting the health of both mother and baby.

Keywords: Multigravida, anemia in pregnancy, hemodilution.