

ABSTRAK

Nadya Iftitah Arif

CASE REPORT PADA *MULTIGRAVIDA* TRIMESTER III DENGAN ANEMIA RINGAN DI WILAYAH KERJA PUSKESMAS AROSBAYA KABUPATEN BANGKALAN

xx + 95 Halaman + 3 Tabel + 8 Lampiran

Kejadian anemia pada ibu hamil, jika terdapat kadar hemoglobin (Hb) kurang dari 11 g/dl. Salah satu penyebab anemia yaitu hemodilusi dan kekurangan zat besi. Hemodilusi kejadian di mana volume plasma darah meningkat lebih banyak dibandingkan dengan sel darah merah. Kondisi ini dapat membahayakan ibu dan janin, memicu risiko kelahiran prematur, perdarahan, dan BBLR. Berdasarkan data hasil Survey kesehatan Indonesia (SKI) Tahun 2023, diketahui bahwa prevalensi ibu hamil dengan anemia sebesar 27,7% sedangkan Ibu hamil di Puskesmas Arosbaya pada tahun 2024 sejumlah 350 orang dan untuk ibu hamil yang menderita anemia sebanyak 33 orang atau sebesar 9,4%. Tujuan asuhan kebidanan ini memberikan asuhan kebidanan pada ibu hamil multigravida trimester III dengan anemia ringan.

Asuhan kebidanan menggunakan desain deskriptif dengan pendekatan case report di wilayah kerja Puskesmas Arosbaya Kabupaten Bangkalan dengan kriteria inklusif ibu hamil yang mempunyai kadar Hb kurang dari 11 g/dl tanpa komplikasi. Asuhan pada Ny. M (G2P1A0) usia kehamilan 29-30 minggu dengan anemia ringan dan memiliki faktor risiko sangat tinggi yaitu pernah operasi sesar dan terlalu cepat hamil. Asuhan dilaksanakan melalui anamnesa, pemeriksaan dan observasi serta menggunakan data sekunder buku KIA dari 4 Juni hingga 2 Juli 2025.

Asuhan pada Ny. M (G2P1A0) dengan usia kehamilan 29-30 dengan resiko sangat tinggi (Terlalu cepat hamil lagi, pernah operasi caesar, anemia ringan) dilakukan kunjungan tiga kali, pada kunjungan pertama telah dilakukan informed consent. Kadar Hb ibu sebesar 10,3 g/dl. Intervensi mencakup edukasi tentang anemia, cara konsumsi tablet Fe (2x1 setiap hari), pola makan seimbang, serta penanganan keluhan umum kehamilan. Pada kunjungan kedua ibu merasa cepat lelah, sering kencing dan nyeri pinggang. Ibu belum melakukan pemeriksaan USG. Intervensi mencakup memberikan edukasi penyebab sering kencing, cara menangani sering kencing, mengajarkan body mekanik Pada kunjungan ketiga, keluhan teratasi dan kadar Hb meningkat signifikan menjadi 14,2 g/dl, menunjukkan keberhasilan penanganan anemia. Ibu dianjurkan melanjutkan konsumsi tablet Fe 1x1 setiap hari, dan melakukan pemeriksaan USG dan kontrol rutin.

Diharapkan ibu hamil tetap meningkatkan konsumsi makanan bergizi seimbang, minum rutin tablet tambah darah (Fe) setiap hari. Untuk meningkatkan kesejahteraan ibu dan janin.

Kata kunci: Anemia; Trimester III, Tablet Tambah Darah (Fe)

Daftar bacaan : buku dan jurnal (2015-2025)

ABSTRACT

Nadya Iftitah Arif

CASE REPORT ON MULTIGRAVIDIA IN THE THIRD TRIMESTER WITH MILD ANEMIA IN THE WORKING AREA OF AROSBAYA PUBLIC HEALTH CENTER, BANGKALAN REGENCY

xx + 95 Pages + 3 Tables + 8 Appendices

The incidence of anemia in pregnant women occurs when hemoglobin (Hb) levels are below 11 g/dL. One of the causes of anemia is hemodilution and iron deficiency. Hemodilution is a condition where the plasma volume increases more than the number of red blood cells. This condition can pose risks to both the mother and fetus, increasing the likelihood of premature birth, hemorrhage, and low birth weight (LBW). Based on the 2023 Indonesian Health Survey (SKI), the prevalence of anemia in pregnant women was 27.7%. At Arosbaya Public Health Center in 2024, there were 350 pregnant women, of whom 33 (or 9.4%) suffered from anemia. The objective of this midwifery care is to provide care for a third-trimester multigravida pregnant woman with mild anemia.

The midwifery care used a descriptive design with a case report approach in the working area of Arosbaya Public Health Center, Bangkalan Regency, with inclusion criteria of pregnant women having Hb levels below 11 g/dL without complications. The care was provided for Mrs. M (G2P1A0), 29–30 weeks pregnant, with mild anemia and very high-risk factors, namely a previous cesarean section and a short interval between pregnancies. The care included anamnesis, physical examination, observation, and secondary data from the maternal and child health (MCH) handbook, carried out from June 4 to July 2, 2025.

Care for Mrs. M (G2P1A0), 29–30 weeks pregnant with very high-risk factors (short interval between pregnancies, previous cesarean section, mild anemia) included three visits. Informed consent was obtained during the first visit. The mother's Hb level was 10.3 g/dL. Interventions included education about anemia, how to take iron tablets (Fe) (2x1 daily), a balanced diet, and how to manage common pregnancy complaints. During the second visit, the mother complained of fatigue, frequent urination, and back pain. She had not yet undergone an ultrasound examination. Interventions included education about the causes of frequent urination, how to manage it, and body mechanics training. By the third visit, her complaints had subsided, and her Hb level had significantly increased to 14.2 g/dL, indicating successful anemia management. The mother was advised to continue taking Fe tablets once daily, undergo an ultrasound examination, and attend routine check-ups.

It is recommended that pregnant women continue to consume a nutritious and balanced diet, take iron supplements (Fe) regularly every day, and attend routine antenatal care to improve the well-being of both mother and fetus.

Keywords: Anemia; Third Trimester; Iron Supplement (Fe)

References : books and journal (2015-2025)