

ABSTRAK

Kurang Energi Kronik (KEK) pada ibu hamil merupakan masalah gizi serius yang ditandai dengan Lingkar Lengan Atas (LILA) $< 23,5$ cm IMT $< 18,5$ kg/m². Tujuan asuhan studi kasus ini untuk memberikan asuhan kebidanan kepada primigravida trimester II dengan KEK di Puskesmas Tanah Merah, Kabupaten Bangkalan. Metode yang digunakan adalah pendekatan studi kasus deskriptif dengan tiga kali kunjungan rumah, menggunakan teknik pengumpulan data melalui wawancara, pemeriksaan fisik, buku KIA, analisis, penatalaksanaan dan evaluasi. Hasil Berdasarkan pengumpulan data, didapatkan pada masa kehamilan pada kunjungan pertama ditemukan masalah yaitu ibu mengalami KEK dengan LILA $< 23,5$ cm. diberikan asuhan kebidanan pada masa kehamilan antara lain memberikan KIE, cara mengatasi KEK, memberikan terapi Fe dan kalsium, tanda bahaya kehamilan, melakukan pemeriksaan penunjang. Setelah dilakukan asuhan kebidanan di dapatkan hasil yaitu pada masa kehamilan terdapat kenaikan berat badan akan tetapi masih mengalami KEK. Pada kunjungan kedua ibu mengeluh sering pusing dan mudah lelah, pada kunjungan ketiga ibu mengeluh sering kencing. Hasil menunjukkan asuhan kebidanan yang dilakukan pada masa hamil telah dilakukan dengan baik. meskipun pada masa kehamilan mengalami berbagai keluhan tetapi keluhan tersebut sudah dapat teratasi.

Kata kunci: Kurang Energi Kronik, Asuhan Kebidanan, Ibu Hamil

ABSTRACT

Chronic Energy Deficiency (CED) in pregnant women is a serious nutritional problem characterised by an Upper Arm Circumference (UAC) < 23.5 cm and a Body Mass Index (BMI) < 18.5 kg/m². The objective of this case study is to provide midwifery care to primigravida women in their second trimester with CED at the Tanah Merah Community Health Centre, Bangkalan District. The method used was a descriptive case study approach with three home visits, employing data collection techniques through interviews, physical examinations, KIA books, analysis, management, and evaluation. Results Based on data collection, during the first visit, it was found that the mother had KEK with LILA < 23.5 cm. Midwifery care was provided during pregnancy, including providing KIE, ways to overcome KEK, providing Fe and calcium therapy, signs of pregnancy danger, and conducting supporting examinations. After midwifery care was provided, the results showed that during pregnancy there was an increase in weight, but KEK still occurred. During the second visit, the mother complained of frequent dizziness and fatigue, and during the third visit, she complained of frequent urination. The results showed that the midwifery care provided during pregnancy was carried out well. Although the mother experienced various complaints during pregnancy, these complaints were resolved.

Kata kunci: *Chronic Energy Deficiency, Midwifery Care, Pregnant Women*