

ABSTRAK

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CASE REPORT PADA MULTIGRAVIDA TRIMESTER III DENGAN ANEMIA RINGAN DI PUSKESMAS KAMAL KABUPATEN BANGKALAN

Anemia terjadi akibat berkurangnya sel darah merah atau rendahnya hemoglobin, menurunkan kemampuan darah mengangkut oksigen. Ibu hamil anemia ditandai Hb <11 g/dL trimester satu dan tiga atau Hb <10,5 g/dL trimester dua. Ibu multigravida lebih rentan akibat cadangan nutrisi menurun, kurang asupan zat besi dan vitamin C, serta minim kunjungan ANC. Anemia kehamilan dapat menyebabkan komplikasi serius seperti persalinan prematur, BBLR, IUGR, perdarahan postpartum, dan stunting. Pencegahan melalui edukasi gizi, konsumsi makanan kaya zat besi dan vitamin C, kepatuhan minum tablet Fe, serta dukungan program MMS.

Penelitian ini menggunakan desain deskriptif dengan pendekatan case report pada ibu hamil multigravida trimester III dengan anemia ringan di Puskesmas Kamal, Bangkalan, Januari–Mei 2025. Data diperoleh melalui wawancara, pemeriksaan fisik dan Hb, serta telaah dokumen medis. Asuhan kebidanan dilakukan dalam tiga kunjungan, meliputi pengkajian, edukasi gizi, pemberian suplemen Fe dan MMS, evaluasi kepatuhan, serta pemeriksaan ulang Hb.

Pada kunjungan pertama, Ny. S mengeluh pusing dan sering BAK malam hari. Ibu tidak suka sayuran dan tidak rutin minum tablet Fe. Kadar Hb 10,0 g/dL menunjukkan anemia ringan. Asuhan meliputi edukasi anemia, pola makan bergizi, pemberian tablet Fe dan MMS, serta anjuran mengurangi cairan sore-malam dan meningkatkan asupan pagi-siang untuk keluhan BAK. Kedua, keluhan pusing dan BAK teratasi, tetapi ibu mengeluh nyeri punggung. Asuhan meliputi kompres air hangat dan anjuran rutin minum tablet kalsium. Ketiga, nyeri punggung masih dirasakan, tetapi Hb meningkat menjadi 15,4 g/dL menandakan anemia teratasi. Asuhan meliputi anjuran tetap konsumsi MMS, hentikan tablet Fe, kurangi aktivitas berat, dan lakukan senam hamil.

Intervensi menunjukkan hasil positif dengan peningkatan kepatuhan konsumsi tablet Fe dan MMS, serta peningkatan Hb menjadi 15,4 g/dL. Keberhasilan ini mencerminkan efektivitas suplemen, perbaikan pola makan, edukasi, dan pemantauan konsisten. Untuk mencegah anemia berulang, ibu dianjurkan menjaga pola makan sehat dan rutin konsumsi MMS. Pendampingan dan edukasi selama kehamilan diharapkan mampu menjaga kesehatan ibu dan janin hingga persalinan.

Kata kunci : Anemia Dalam Kehamilan, Multigravida, Asuhan Kebidanan.

ABSTRACT

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CASE REPORT ON THIRD TRIMESTER MULTIGRAVIDA WITH MILD ANEMIA AT KAMAL PUBLIC HEALTH CENTER, BANGKALAN REGENCY

Anemia occurs due to a decrease in red blood cells or low hemoglobin levels, reducing the blood's ability to transport oxygen. Pregnant women are diagnosed with anemia when their hemoglobin level is <11 g/dL in the first and third trimesters or <10.5 g/dL in the second trimester. Multigravida mothers are more vulnerable due to decreased nutritional reserves, inadequate intake of iron and vitamin C, and limited antenatal care (ANC) visits. Anemia during pregnancy can lead to serious complications such as preterm labor, low birth weight (LBW), intrauterine growth restriction (IUGR), postpartum hemorrhage, and stunting. Prevention efforts include nutritional education, consumption of iron- and vitamin C-rich foods, compliance with iron tablet intake, and support from the government's MMS program.

This study used a descriptive design with a case report approach involving a third-trimester multigravida pregnant woman with mild anemia at Kamal Public Health Center, Bangkalan, from January to May 2025. Data were collected through interviews, physical examinations, hemoglobin checks, and medical document reviews. Midwifery care was provided over three visits, including assessment, nutritional counseling, iron and MMS supplementation, compliance monitoring, and hemoglobin re-evaluation.

During the first visit, Mrs. S complained of dizziness and frequent urination at night. She disliked vegetables and was not taking iron tablets regularly. A hemoglobin level of 10.0 g/dL indicated mild anemia. The care provided included education on anemia, a nutritious diet, iron and MMS supplementation, and advice to reduce fluid intake in the evening and increase intake during the day to manage urinary complaints. At the second visit, complaints of dizziness and frequent urination were resolved, but the mother reported back pain. The intervention included warm compresses and a recommendation to regularly consume calcium tablets. At the third visit, the back pain persisted, but the hemoglobin level had increased to 15.4 g/dL, indicating the anemia had resolved. The care provided included continued MMS consumption, discontinuation of iron tablets, reduced strenuous activities, and encouragement to do pregnancy exercise to relieve back pain.

The intervention showed positive results with increased compliance in consuming iron and MMS tablets, and a hemoglobin rise to 15.4 g/dL. This success reflects the effectiveness of supplementation, dietary improvement, ongoing education, and consistent monitoring. To prevent recurrent anemia, the mother was advised to maintain a healthy diet and routinely take MMS as recommended by healthcare providers. Continuous support and education throughout pregnancy are expected to maintain the health of both mother and baby until delivery.

Keywords: Anemia in Pregnancy, Multigravida, Midwifery Care.