

ABSTRAK

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

Pada ibu hamil trimester III keadaan anemia apabila kadar Hb < 11,0 g/dl (Kemenkes RI 2023). Volume plasma darah akan terjadi peningkatan lebih besar dibandingkan peningkatan eritrosit sehingga akan terjadi konsentrasi hemoglobin akibat hemodilusi. Jumlah peningkatan volume darah akan meningkat sebanyak 50% dari 4 ke 6ml, dan beresiko terjadinya anemia. Di Jawa Timur angka prevalensi Anemia tahun 2023 pada ibu hamil sekitar 10% (Arfan et al. 2024) Berdasarkan studi pendahuluan di wilayah kerja Puskesmas Jeddih tahun 2024 terdapat 461 Ibu hamil dan sebanyak 5,2% atau 24 ibu hamil mengalami anemia.

Penelitian ini menggunakan desain penelitian deskriptif dengan pendekatan Case Report...dilakukan di wilayah kerja Puskesmas Jeddih Kabupaten Bangkalan dengan kadar Hb 10,2 g/dL. Asuhan Ny S G1P0A0 dengan usia kehamilan 29-39 minggu. Pengumpulan data melalui wawancara dan dokumentasi menggunakan data sekunder dari pemeriksaan laboratorium dan KIA dimulai dari April-Juli 2025

Asuhan pada Ny. S (G1P0A0) dengan usia kehamilan 29-30 dengan resiko sangat tinggi (Terlalu tua hamil, terlalu tua umur, kurang darah)) dilakukan kunjungan tiga kali, pada kunjungan pertama telah dilakukan informed consent. Kadar Hb ibu sebesar 10,2 g/dl. Intervensi mencakup edukasi seputar anemia, cara mengonsumsi tablet Fe (2x1 setiap hari) serta MMS setiap malam hari sebelum tidur, memilih satu anggota keluarga untuk melakukan pendampingan. pola makan seimbang, serta penanganan keluhan umum kehamilan. Pada kunjungan kedua ibu krami pada kaki. Ibu belum melakukan pemeriksaan USG. Intervensi mencakup memberikan edukasi penyebab kram pada kaki, cara menangani sering kencing, mengajarkan body mekanik Pada kunjungan ketiga, keluhan teratasi dan kadar Hb meningkat signifikan menjadi 12,1 g/dl, menunjukkan keberhasilan penanganan anemia. Ibu dianjurkan melanjutkan konsumsi tablet Fe 1x1 setiap hari serta MMS, dan melakukan pemeriksaan USG dan kontrol rutin.

Diharapkan ibu hamil tetap meningkatkan konsumsi makanan bergizi seimbang, minum rutin tablet tambah darah (Fe) serta MMS setiap hari, melakukan senam hamil, dan melakukan rujukan dini untuk meningkatkan kesejahteraan ibu dan janin

Kata kunci: Trimester III; Anemia, Ibu Hamil, Tablet Fe, MMS, Asuhan Kebidanan.

ABSTRACT

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

In third-trimester pregnant women, anemia is defined as a hemoglobin level of <11.0 g/dL (Ministry of Health RI, 2023). Plasma volume increases more significantly compared to the increase in erythrocytes, resulting in lower hemoglobin concentration due to hemodilution. Blood volume rises by approximately 50%, from 4 to 6 mL, which places pregnant women at risk of developing anemia. In East Java, the prevalence of anemia among pregnant women in 2023 was around 10% (Arfan et al., 2024). Based on a preliminary study conducted in the working area of Jeddih Public Health Center in 2024, there were 461 pregnant women, of whom 5.2% (24 women) were found to have anemia.

His study employed a descriptive research design with a case report approach, conducted in the working area of Jaddih Public Health Center, Bangkalan Regency, with a hemoglobin level of 10.2 g/dL. The subject was Mrs. S, G1P0A0, with a gestational age of 29–39 weeks. Data were collected through interviews and documentation using secondary data from laboratory examinations and maternal and child health (MCH) records, carried out from April to July 2025.

The midwifery care for Mrs. S (G1P0A0), with a gestational age of 29–30 weeks and classified as very high risk (advanced maternal age, advanced reproductive age, and anemia), was carried out over three visits. During the first visit, informed consent was obtained. The mother's hemoglobin level was 10.2 g/dL. Interventions included education about anemia, instructions on consuming iron tablets (2×1 daily) and multiple micronutrient supplements (MMS) every night before bed, selecting a family member as a companion, promoting a balanced diet, and managing common pregnancy discomforts. During the second visit, the mother complained of leg cramps and had not yet undergone an ultrasound examination. Interventions provided included education on the causes of leg cramps, management of frequent urination, and teaching proper body mechanics. At the third visit, the complaints were resolved, and the hemoglobin level significantly increased to 12.1 g/dL, indicating the success of anemia management. The mother was advised to continue adherence to supplementation and maintain a healthy lifestyle.

Pregnant women are expected to continue improving their consumption of a balanced nutritious diet, regularly take iron tablets (Fe) and multiple micronutrient supplements (MMS) daily, perform pregnancy exercises, and seek early referral in order to improve maternal and fetal well-being.

Keywords: Anemia, Pregnant Women, Iron Tablets, MMS, Midwifery Care,