ABSTRAK

Dengan prevalensi 37% wanita hamil, anemia masih merupakan masalah kesehatan global yang signifikan di antara wanita berusia 15-49 tahun. Di Jawa Timur mencapai 10,5%. Data dari Puskesmas Klampis di Kabupaten Bangkalan tahun 2024 menunjukkan 22,7% ibu hamil mengalami anemia. Perubahan fisiologis yang terjadi saat hamil, seperti hemodilusi, meningkatkan risiko anemia, terutama pada primigravida (wanita hamil pertama kali) karena kebutuhan zat besi meningkat. Anemia Kondisi yang muncul pada trimester kedua dapat berdampak serius bagi ibu dan janin, misalnya meningkatkan risiko persalinan prematur dan bayi dengan berat lahir rendah. Tujuan penyusunan ini adalah mendeskripsikan asuhan kebidanan primigravida trimester II dengan anemia ringan di Puskesmas Klampis Kabupaten Bangkalan.

Asuhan menggunakan desain pendekatan *Case Report*. Waktu yang ditentukan mulai bulan Januari sampai Juni 2025. Subjek penelitian adalah Primigravida Trimester II dengan anemia ringan di Kampung Ra'as Wilayah Pukesmas Klampis Kabupaten Bangkalan dan bersedia menjadi responden. Pengumpulan data dilakukan dengan menggunakan teknik wawancara, pengkajian fisik dan observasi studi dokumen melalui leamfleat. Telah dilakukan sesuai dengan etik penelitian, termasuk persetujuan tanda tangan dari Klien.

Asuhan kebidanan pada Ny. A primigravida trimester II dengan masalah anemia ringan dilakukan kunjungan rumah sebanyak tiga kali. Pada kunjungan pertama ibu mengeluhkan kadang pusing saat bangun tidur sudah 3 hari yang lalu, dalam Karena ibu sering lupa dan mengalami nyeri pinggang saat melakukan aktivitas terlalu lama, pemeriksaan fisik menunjukkan conjungtiva pucat; hasil pemeriksaan pada tanda-tanda vital TD: 100/70 mmHg, pada pemeriksaan fisik menunjukkan conjungtiva pucat; leopold I didapatkan hasil TFU teraba 1 jari di bawah pusat; leopold II teraba bagian kanan perut ibu, dan leopold III teraba bagian terendah janin, MC Donald 16 cm, pada pemeriksaan penunjang Diagnosa yang diberikan adalah G1P0A0 UK 22–22 minggu, janin tunggal, hidup, letak kepala, dan anemia ringan. Penatalaksanaan awal dilakukan dengan mengajarkan pentingnya mengonsumsi tablet Fe 1 setiap hari, edukasi untuk memperbaiki posisi tidur dan mengurangi aktivitas yang dapat menyebabkan nyeri pinggang. Pada kunjungan kedua keluhan pusing ibu sudah teratasi dengan cara ibu sudah rutin dalam mengkonsumsi tablet Fe, akan tetapi keluhan nyeri pinggang belum teratasi, hasil pemeriksaan pada tanda-tanda vital TD: 100/80 mmHg. Diagnosa yang ditentukan G1P0A0 UK 24-25 minggu janin tunggal, hidup, letak kepala, *intrauteri* dengan masalah anemia ringan, intervensi yang diberikan meliputi tentang cara mengurangi aktivitas yang dapat menyebabkan nyeri pinggang dan menyarankan ibu untuk melakukan ANC di puskesmas. Pada kunjungan ketiga keluhan nyeri pinggang ibu sudah teratasi akan tetapi ibu mengeluhkan bahwa sering BAK di siang hari, hasil pemeriksaan pada tanda-tanda vital TD : 110/80 mmHg dan dilakukan pemeriksaan Hb ulang dengan hasil 12,8 gr/dL, diagnosa yang ditentukan pada kunjungan ketiga yaitu G1P0A0 UK 26-27 minggu, janin tunggal, hidup, letak kepala, intrauteri, memberikan penjelasan bahwa sering BAK merupaka ketidaknyamanan pada trimester II dan memberikan KIE tentang pentingnya menjaga personal hygiene tetap bersih dan kering

Asuhan kebidanan pada Ny. A primigravida trimester II dengan anemia ringan, menunjukkan bahwa intervensi melalui edukasi dan modifikasi perilaku secara bertahap dapat mengatasi keluhan yang muncul selama kehamilan. Keluhan awal seperti pusing dan nyeri pinggang berhasil diatasi melalui peningkatan kepatuhan konsumsi tablet Fe, perbaikan posisi tidur, dan pengaturan aktivitas. Munculnya keluhan baru seperti sering buang air kecil ditangani dengan edukasi mengenai ketidaknyamanan kehamilan trimester II dan pentingnya menjaga personal hygiene.

Kata Kunci: anemia kehamilan, asuhan kebidanan, edukasi kesehatan

ABSTRACT

Anemia in pregnant women remains a significant global health problem, with a prevalence of 37% among women aged 15–49 years. In East Java it reached 10.5%. Data from the Klampis Community Health Center in Bangkalan Regency in 2024 shows that 22.7% of pregnant women experience anemia. Physiological changes during pregnancy, such as hemodilution, increase the risk of anemia, especially in primigravidae (first-time pregnant women) due to increased iron requirements. Anemia in the second trimester can cause adverse outcomes for the mother and fetus, including premature birth and low birth weight. The purpose of this preparation is to describe midwifery care for second trimester primigravida with mild anemia at the Klampis Health Center, Bangkalan Regency.

Care uses a Case Report approach design. The specified time is from January to June 2025. The research subjects were Primigravida Trimester II with mild anemia in Ra'as Village, Klampis Community Health Center, Bangkalan Regency and were willing to be respondents. Data collection methods were carried out through interviews, physical assessments and document study observations via leaflets. It has been carried out in accordance with research ethics, including signature approval from the Client.

Midwifery care for Mrs. A second trimester primigravida with mild anemia had three home visits. At the first visit, the mother complained that she sometimes felt dizzy when she woke up 3 days ago. The mother did not take Fe tablets regularly because she often forgot and experienced back pain when doing activities for too long. The results of the vital signs examination were BP: 100/70 mmHg. The physical examination showed pale conjunctiva. Leopold I had TFU results palpable 1 finger below the center. cm, in the supporting examination carried out at the Klampis Health Center on June 2 2025, Hb 10.6 gr/dL. The diagnosis was determined to be G1P0A0 UK 22-22 weeks, single fetus, alive, head position, intrauterine with mild anemia problems, initial management given included education about the importance of consuming Fe tablets once a day, education to improve sleeping position and reduce activities that can cause low back pain. At the second visit, the mother's complaint of dizziness had been resolved by regularly consuming Fe tablets, but the complaint of low back pain had not been resolved, the results of the examination of vital signs were BP: 100/80 mmHg. The diagnosis determined G1P0A0 UK 24-25 weeks single fetus, alive, head position, intrauterine with mild anemia problems, the intervention given includes reducing activities that can cause low back pain and advising the mother to do ANC at the health center. At the third visit, the mother's complaints of low back pain had been resolved, but the mother complained that she frequently urinated during the day, the results of the examination of vital signs were BP: 110/80 mmHg and a repeat Hb examination was carried out with results of 12.8 gr/dL, the diagnosis determined at the third visit was G1P0A0 UK 26-27 weeks, single fetus, alive, head position, intrauterine, explained that frequent urination was an inconvenience in the second trimester and provided IEC about the importance of maintaining personal hygiene. clean and dry.

Midwifery care for Mrs. A primigravida in the second trimester with mild anemia, shows that intervention through education and gradual behavior modification can overcome complaints that arise during pregnancy. Initial complaints such as dizziness and low back pain were successfully resolved through increasing compliance with Fe tablet consumption, improving sleeping position and regulating activities. The emergence of new complaints such as frequent urination is handled with education regarding the discomfort of the second trimester of pregnancy and the importance of maintaining personal hygiene.

Keywords: pregnancy anemia, midwifery care, health education.