

ABSTRAK

Laporan Kasus Ibu Hamil Resiko Tinggi Dengan Obesitas Dan Asma Di Puskesmas Kebomas Kabupaten Gresik

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Pendahuluan: Kehamilan pada usia maternal lanjut yang disertai grand multipara, obesitas, dan asma meningkatkan risiko komplikasi obstetri serta gangguan respirasi selama kehamilan. Ny. S memiliki skor KSPR 18 yang termasuk kategori Kehamilan Risiko Sangat Tinggi (KRST) dengan riwayat asma yang masih mengalami kekambuhan, sehingga memerlukan asuhan kebidanan komprehensif untuk mencegah komplikasi pada ibu dan janin. **Tujuan:** Menerapkan dan memperoleh gambaran umum manajemen asuhan kebidanan pada ibu hamil dengan kehamilan risiko sangat tinggi disertai obesitas grade I dan asma yang dilakukan pada Ny. S G6P4A1 usia 44 tahun, hamil 32–33 minggu, janin intrauteri tunggal hidup letak kepala, ditangani secara komprehensif, keadaan umum ibu dan janin baik, tekanan darah 111/62 mmHg, nadi 107 kali/menit, suhu 36,5°C, respirasi 20 kali/menit, saturasi oksigen (SpO₂) 97–100%, dan IMT 30,01 kg/m². **Metode:** Laporan Tugas Akhir ini menggunakan desain studi kasus tunggal dengan pendekatan manajemen asuhan kebidanan yang didokumentasikan melalui metode SOAP (Subjektif, Objektif, Analisa, Penatalaksanaan). **Hasil dan Pembahasan:** Pengkajian menunjukkan Ny. S termasuk kategori KRST dengan IMT 30,01 kg/m² dan riwayat asma yang masih kambuh. Asuhan dilakukan melalui pemantauan ibu dan janin, edukasi pengendalian berat badan, pengaturan aktivitas, identifikasi faktor pencetus asma, pemantauan saturasi oksigen, serta kolaborasi USG dan dokter spesialis obstetri dan ginekologi. Hingga usia kehamilan 35 minggu, kondisi ibu dan janin tetap stabil tanpa komplikasi, serta frekuensi kekambuhan asma menurun. **Simpulan:** Penerapan asuhan komprehensif, identifikasi aktivitas harian pemicu asma, skrining skor KSPR terstruktur, serta integrasi rujukan dini persalinan Sectio Caesarea (SC) berencana terbukti efektif melindungi keselamatan jiwa ibu dan janin pada kehamilan risiko sangat tinggi.

Kata Kunci: Kehamilan; Risiko; Tinggi; Obesitas; Asma.

ABSTRACT

Case Report of High-Risk Pregnant Woman with Obesity and Asthma at Kebomas Public Health Center, Gresik Regency

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Introduction: *Pregnancy at advanced maternal age accompanied by grand multiparity, obesity, and asthma increases the risk of obstetric complications and respiratory disorders during pregnancy. Mrs. S had a Poedji Rochjati Score Card (KSPR) score of 18, categorized as a Very High-Risk Pregnancy (KRST), with a history of recurrent asthma exacerbations. Therefore, comprehensive midwifery care was required to prevent maternal and fetal complications. Objective:* *To implement and obtain an overview of midwifery care management for a pregnant woman with a very high-risk pregnancy accompanied by Grade I obesity and asthma in Mrs. S, G6P4A1, aged 44 years, at 32–33 weeks of gestation, with a single live intrauterine fetus in cephalic presentation. The patient received comprehensive care and was in good maternal and fetal condition, with blood pressure of 111/62 mmHg, pulse rate of 107 beats/minute, body temperature of 36.5°C, respiratory rate of 20 breaths/minute, oxygen saturation (SpO₂) of 97–100%, and a BMI of 30.01 kg/m². Methods:* *This final project employed a single case study design using a midwifery care management approach documented through the SOAP method (Subjective, Objective, Assessment, and Implementation). Results and Discussion:* *Assessment findings indicated that Mrs. S was categorized as having a very high-risk pregnancy with a BMI of 30.01 kg/m² and recurrent asthma. Midwifery care included maternal and fetal monitoring, weight management education, activity regulation, identification of asthma triggers, oxygen saturation monitoring, and collaboration with obstetricians and gynecologists through ultrasonography examinations. Until 35 weeks of gestation, maternal and fetal conditions remained stable without complications, and the frequency of asthma recurrence decreased. Conclusion:* *The implementation of comprehensive care, identification of daily asthma-triggering activities, structured KSPR screening, and integration of early referral for planned Caesarean Section (CS) delivery were effective in maintaining maternal and fetal safety in a very high-risk pregnancy.*

Kata Kunci: High; Risk; Pregnancy; Obesity; Asthma.