

ABSTRAK

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LAPORAN KASUS IBU HAMIL USIA REMAJA DENGAN KEKURANGAN
ENERGI KRONIK (KEK) DAN ANEMIA RINGAN DI PUSKESMAS
BARENGKRAJAN

Kehamilan usia remaja berisiko menyebabkan kekurangan energi kronik (KEK) dan anemia akibat meningkatnya kebutuhan nutrisi. Kondisi ini memerlukan asuhan kebidanan yang tepat untuk mencegah komplikasi pada ibu dan janin. Laporan ini bertujuan mendeskripsikan asuhan kebidanan pada ibu hamil usia remaja dengan KEK dan anemia ringan.

Studi kasus pada Ny. N, 18 tahun, G1P0A0, hamil 24 minggu dengan KEK dan anemia ringan di Puskesmas Barengkrajan, Sidoarjo (April–Mei 2026). Asuhan meliputi MMS, tablet tambah darah, PMT, edukasi gizi, perbaikan istirahat, dan pelibatan keluarga. Evaluasi dilakukan selama tiga kunjungan menggunakan SOAP.

Keluhan pusing, lelah, kram kaki, dan penurunan nafsu makan membaik. Berat badan meningkat menjadi 41,3 kg, Hb naik menjadi 11,5 g/dL sehingga anemia teratasi, namun LILA 23 cm menunjukkan KEK belum sepenuhnya membaik. Asuhan kebidanan komprehensif efektif memperbaiki status kesehatan ibu, terutama anemia. Pemantauan berkelanjutan, kepatuhan terhadap gizi dan istirahat, serta edukasi dan pendampingan tenaga kesehatan tetap diperlukan.

Kata Kunci : Kehamilan, Remaja, KEK, Anemia

ABSTRACT

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CASE REPORT OF A TEENAGE PREGNANT WOMAN WITH CHRONIC ENERGY DEFICIENCY (CED) AND MILD ANEMIA AT BARENGKRAJAN COMMUNITY HEALTH CENTER

Adolescent pregnancy is associated with a high risk of chronic energy deficiency (CED) and anemia due to increased nutritional demands. These conditions require appropriate midwifery care to prevent complications for both the mother and fetus. This case report aimed to describe midwifery care provided to an adolescent pregnant woman with CED and mild anemia.

This study used a case report design involving Mrs. N, an 18-year-old primigravida (G1P0A0) at 24 weeks of gestation diagnosed with CED and mild anemia at Barengkrajan Community Health Center, Sidoarjo, from April to May 2026. The interventions included Multiple Micronutrient Supplementation (MMS), iron and folic acid tablets, supplementary feeding, nutritional counseling, improvement of rest patterns, and family involvement. The patient's progress was evaluated over three visits using the SOAP method.

The patient's complaints of dizziness, fatigue, leg cramps, and decreased appetite gradually improved. Her body weight increased to 41.3 kg, and her hemoglobin level increased to 11.5 g/dL, indicating that the anemia had resolved. However, the mid-upper arm circumference (MUAC) remained 23 cm, suggesting that CED had not been completely resolved. Comprehensive and continuous midwifery care was effective in improving the patient's health status, particularly in resolving mild anemia. Ongoing monitoring, adherence to adequate nutrition and sufficient rest, as well as continuous education and support from healthcare providers, are essential to prevent maternal and fetal complications.

Keywords: Pregnancy, Adolescence, Chronic Energy Deficiency (CED), Anemia